## P180000 94843

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## **COVER LETTER**

AND THE STATE OF THE PARTY OF T TO: Amendment Section Division of Corporations NAME OF CORPORATION: S & V PAINTING PRESSURE CLEANING INC DOCUMENT NUMBER: P18000094843 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LULY GONZALEZ KAHR Name of Contact Person VTAX CENTRO LATINO Firm/ Company 3223 S US HWY 1 SUITE A-1 Address FORT PIERCE FL 34982 City/ State and Zip Code luly@vtaxel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LULY GONZALEZ KAHR Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \_ □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

## S & V PAINTING PRESSURE CLEANING INC

(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	ite)となって
P18000094843		The state of the s
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendmen
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	or the abbreviation ame must contain the
B. Enter new principal office address, if applicable:	1855 17TH AVE SW	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	VERO BEACH FL 32962	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>ie</u>
Name of New Registered Agent		
(Florida )	street address)	
	·	
New Registered Office Address:	, Floric , Floric	la (Zip Code)
	(ciù)	(hip code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia		position.
Signature of New	Registered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	JESUS TORRES MORENO	1855 17TH AVE SW
Add			VERO BEACH FL 34962
Remove			
2) Change	S	SANDRA VILLA	1855 17TH AVE SW
XAdd			VERO BEACH FL 34962
Remove			
3)Change	_		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	(Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	organizations for implementing the amer	ndment if not contained in the amendment itself:
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	03/08/2019	
The date of each amendment(s) :	adoption:	, if other than the
date this document was signed.		
U3/	08/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date we bepartment of State's records.	/ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/08/201 Dated	9	
Signature	155	
(By a-	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	JESUS TORRES MOREO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	

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