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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HEP PAINTING &	& REMODELING INC					
	BER:						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	spondence concerning this ma	tter to the following:					
	EDUARDO PEREZ						
	Name of Contact Person						
	HEP PAINTING & REMOD	DELING INC					
		Firm/ Company					
	7002 HUNTINGTON WOO	DS CIR W					
		Address					
	JACKSONVILLE F1, 32244						
	· · · · · ·	City/ State and Zip Cod	v				
eduar	doperez1560@gmail.com						
	E-mail address; (to be us	sed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
EDUARDO PEREZ		90)4 at (de & Daytime Telephone Number				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

HEP PAINTING & REMODELING INC.

(<u>Name of Corporation as currently</u>	filed with the Florida Dept. of State () () & 50
P19000010023	5019 201
(Document Number of	Corporation (if known) STALLANASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation;	**Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "C word "chartered," "professional association," or the abbreviation "I	"o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	_
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 addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida sire	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar w	un ana accept the orugations of the position.
Signature of New Re	gistered Agent, if changing

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)

Example:

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

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

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.

<u> John Doe</u>	
Mike Jones	
Sally Smith	
<u>Name</u>	<u>Addres</u> s
ELIZABETH CESPEDES MARTIN E2	7002 HUNTINGTON WOODS
	CIRCLE W
	JACKSONVILLE FL 32244
	73170
· · · · · · · · · · · · · · · · · · ·	
	Mike Jones Sally Smith Name

Attach additional sheets, if necessary).	(Be specific)			
				
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Can amondment provider for an arch.	<u></u>	*		
f an amendment provides for an exchaprovisions for implementing the amen	dment if not cont	ion, or cancellation	i of issued snares	ه
(if not applicable, indicate N/A)	Unicite ii noi cont	amed in the amen	ment itsen.	
17 17 17 17 17 17 17 17 17 17 17 17 17 1				
., ., ., ., ., ., ., ., ., ., ., ., ., .				

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/23 °20 10	
Effective date <u>if applicable</u> :	/23/2019	
	(no more than 90 days after amendment file date)	
Note: 1f the date inserted in this document's effective date on the f	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	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	t for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
08/23/201 Dated	9	
Signature 4	jardo Perez	
selecti	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 need fiduciary by that fiduciary)	
	EDUARDO PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	