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COVER LETTER

Division of Corporations Ne PAINT RENOVATIONS CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEPHAN R. LOPEZ
Name of Contact Person WE PAINT RENOVATIONS C 5988 BENTPINE OR #277 OZ(ANOO, FL, 32822 City/ State and Zip Code TEPHANLOPEZ 1 @ GMAIL . (om
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SEPHAN R LOPEZ at (305) 9702720

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

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

Tallahassee, Fl. 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Street Address

Articles of Amendment

Aru	ncies of Amendment	
Artic	to cles of Incorporation	
We PAINT RENOVA	of 2010 cm	
	s currently filed with the Florida Dept. of State)	
4 1900001378	32	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corpor	ration:	
	The new	a.
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "hword "chartered," "professional association," or the abbre	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."	n e
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	(22	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
5988 6	HAW R- LOPEZ BENT PINE DR #277	
	(Florida street address) $\frac{(S \land O \circ)}{(Civ)}$ Florida FL 32	2877
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am Signature	red Agent: n familiar with and accept the obligations of the position. of New Registered 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)

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	7	STEPHAN R. LOPEZ	5988 Beni PINEDr #277
Add			ashuno, FC
Remove			32822
2) X Change	$\overline{}$	RUBEANNY M. CARRILL	U 5988 BENTAINEDV
Add			#57J
Remove		T 20	02bnou, FC, 32822 5988 Bent PINE Dr
3) X Change		JUNIUS K. KIDDICK	
Add			# 277
Remove			ORLANDO, FC, 32822
4) X Change	\leq	MARISTELA ROMAN Roms	N 5988 BENT PINE Dr
Add			#277
Remove			orlando, FC, 32822
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If</u> (At	amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
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N		
	(-	
	 	
	<u> </u>	
•		
r ie	·	nange, reclassification, or cancellation of issued shares,
r. <u>11</u> <u>p</u>	provisions for implementing the amer	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
Ŋ	\ \ \	
_10		
		
<u>. </u>		

The date of each amendment(s) adoption: 02/22/2019	_, if other than the
date this document was signed.	
Effective date if applicable: () L(C(ZO())	
' (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	
Signature	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
STEPHAN LOPE Z	
(Typed or printed name of person signing)	
Prosineur.	

(Title of person signing)