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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL IN ONE PA	INTING AND HOME REM	IODELING CORP
DOCUMENT NUMBER: P19000028762		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
FRANCISCO MARTINEZ	PARERA	
	Name of Contact Person	1
ALL IN ONE PAINTING A	AND HOME REMODELING	G CORP
	Firm/ Company	
1750 W 46 ST APT 201		
	Address	
HIALEAH FL 33012		
-	City/ State and Zip Cod	· · · · · · · · · · · · · · · · · · ·
INFO@ACCOUNTAXGROUP.C	COM	
_	used for future annual report	notification)
For further information concerning this matter, ple		962-3415
Name of Contact Person	at (at () 962-3415 de & Daytime Telephone Number
Enclosed is a check for the following amount made		
■ \$35 Filing Fee	☐\$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 Tallahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL IN ONE PAINTING AND HOME REMODELING CORP

ALL IN ONE PAINTING AND HOME REMODELING CORP	the Glad with the Flori	do Dont of State)
(Name of Corporation as curren P19000028762	tty med with the Piori	aa Dept. of State)
· · · · · · · · · · · · · · · · · · ·	of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	·	
A. If amending name, enter the new name of the corporation:		
F R PAINTING INC		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	22 [
(Ermeipar office address in the second of th		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	30 O T
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter	the name of the
new registered agent and/or the new registered office addre		
Name of New Registered Agent N/A		
(Florida)	trant address)	
N/Δ	a eer aaar cssy	
New Registered Office Address:	(Civi	, Florida
new registered agent and/or the new registered office address Name of New Registered Agent N/A	rtreet address) (City)	, Florida(Zip Code)
Signature of New	Registered Agent, if cha	inging

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.

		Page 2 of 4		
Remove				
Add				
6) Change				
Remove				
Add				
5) Change				
Remove				
Add				
4) Change				
Remove				
Add			Fri	
3) Remove Change			72 0	
Add				
2) Change			2	
Remove			2020 JAN SECRET	
Add			2020 SEC	
1) Change				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
X Add	<u>SV</u>	Sally Smith		
X Remove	<u>V</u>	Mike Jones		
X Change	<u>PT</u>	John Doe		
Example:	c, and sur	iy Smiin, Sr us un Ada.		

E.	If amending o	<u>r adding additio</u>	nal Articles,	enter char	ige(s) here:
	/ A 1 / 1/1/2	1 1	\ /**		

(Attach a	idditional	sheets,	if necessary,). (Be specific	:)

N/A		
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F. 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)		
N/A		
		-
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Page 3 of 4		
The date of each amendment(s) adoption:	, if othe	r than the
date this document was signed.		
Effective date if applicable:		
(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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s		The number of votes cast for the amendment(s)
		through voting groups. The following statement I to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was	/were sufficient for approval
by		
	(voting group)	AH I TO
action was not required.		without shareholder action and shareholder without shareholder action and shareholder 3.
action was not required.		without shareholder action and shareholder 25 = = = = = = = = = = = = = = = = = =
Dated		
select		officer – if directors or officers have not been n the hands of a receiver, trustee, or other court iary)
	FRANCISCO MARTINI	EZ PARERA
	(Typed or prir	ited name of person signing)
	PRESIDENT	
	(Title of person signing)	