P190000 43487

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE PAINTER G	ROUP OF A&N INC	
	BER: P19000043487		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MARIELA M OLIVEROS		
		Name of Contact Person	n
	DOCUMENTO XPRESS		
		Firm/ Company	
	11402 NW 41 STREET SUF		
		Address	
	DORAL FL 33178		
		City/ State and Zip Cod	
	marielaoliveros1964@gmail.	sed for future annual report	
For further information	on concerning this matter, pleadors		493-6405
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
<u>Ma</u>	niling Address	Street	Address
An	nendment Section	Amendment Section	
	vision of Corporations		on of Corporations
). Box 6327		entre of Tallahassee
Та	Jahassee FL 32314	2415 }	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

THE PAINTER GROUP OF A&N INC			
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P19000043487			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:	, o	
HAMBRE ZONE INC		The new	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		11402 NW 41 STREET SUITE 219-A	
(Principal office address MUST BE A S		DORAL FL 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11402 NW 41 STREET SUITE 219-A	
		DORAL FL 33178	
		DORAL PLUSTIN	
D. If amending the registered agent an new registered agent and/or the ne			
ARTURO NIFTO			
Name of New Registered Agent	114/72 17/74	11 St Suite 219-19-Doral #7 3317	
	(Florida s	street address)	
N D 1 1000 411	11402 NW 41 ST SUITE	E219-A DORAL , Florida 33178	
New Registered Office Address:	(City) (Zip Code)		
N. D			
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
, , , ,,			
	Lite	10° to.	
	Signature of New	Registered Agent, if changing	
O		ייים ייים ייים ייים ייים ייים ייים ייי	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	n.	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) N/A Change			N/A	N/A
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		_		
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessary)	. (Be specific)	
N/A		
	*	
		·
·		
. If an amendment provides for an ex	change, reclassification, or cancellation	of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amend	iment usen:
N/A		
	-	
		
		 _

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	MAY 29,2020	
The date of each amendment		, if other than th
late this document was signed	, ,	, ,
Effective date <u>if applicable</u> :	Save as a bort. (Mai	429/2020)
	(no more than 90 days after amendm	ent file date)
	his block does not meet the applicable statutory filing an Department of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes carries sufficient for approval.	st for the amendment(s)
	e approved by the shareholders through voting groups. d for each voting group entitled to vote separately on th	· · · · · · · · · · · · · · · · · · ·
"The number of votes	cast for the amendment(s) was/were sufficient for appr	ovai
W/iA		
	(voting group)	
Dated	lay 29, 30 20.	
se	y a director, president or other officer – if directors or o lected, by an incorporator – if in the hands of a receiver pointed fiduciary by that fiduciary)	
	ARTURO NIETO	
	(Typed or printed name of person signi	ng)
	PRESIDENT	
	(Title of person signing)	

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