## P190000 48462

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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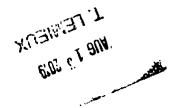
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SECRETARY OF STATE



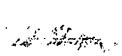
## COVER LETTER

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TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P1900048452
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Olger Armando Vargos Anchia  Name of Contact Person  Vargos Painting Corp  Firm/ Company  627 S E 9 <sup>th</sup> Place  Address  Cape Coral F = 33990  City/ State and Zip Code  Vargos Painting Corp @ gmail com  E-mail address: (to be used for Inture annual report notification)
or further information concerning this matter, please call:
Older Vargas at (239) 810 8515
Area Code & Daytine Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:  [ ]
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



_	of	,
Varaes Paintina Coi	r <i>o</i>	FII ÉD
(Name of Corporation	as currently filed with the Florida Dept. of St	ate)
P19000048462		
(Docume	nt Number of Corporation (if known)	111 Ab -5 - 2 22
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts to	SECRETARY OF STATE
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A professional corporation n	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	olger Arman 627 S E 9th O	do Vargas Anch
	cape com FL	33990
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	d office address in Florida, autor the name of the	
new registered agent and/or the new registered of		<u>ic</u>
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registered Office Address:		la
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I de	tered Agent: am familiar with and accept the obligations of the	position.
	*	
	*	
Signati	ure 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:	ove, and Salty Si	mith, SV as an Add,	
X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> :	ike Iones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u> </u>	olger Armando vargas Anchia	627 S.E 9th place
Add		Mardaz yucust	cape coral FL 3399
Remove			<u></u>
2) Change			
Add			1
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			3
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	1
in amendment provides for an exchange, reclassification, or cal	ncellation of issued shares,
ovisions for implementing the amendment if not contained in t	ncellation of issued shares, he amendment itself:
nn amendment provides for an exchange, reclassification, or car rovisions for implementing the amendment if not contained in to (if not applicable, indicate N/A)	ncellation of issued shares, he amendment itself:
ovisions for implementing the amendment if not contained in t	ncellation of issued shares, he amendment itself:
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ovisions for implementing the amendment if not contained in t	he amendment itself:

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amer ficient for approval.	ndment(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
1	(voting group)	
action was not required.	sted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder action act	
Dated 08/C	01/19	
Signature	<del>407</del> -	
(By a dir selected,	by an incorporator – if in the hands of a receiver, trustee, or oth diductory by that fiductory)	
_	Olger Armando Varges (Typed or printed name of person signing)	Anchia
_	President (Title of person signing)	

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