## P190000 50430

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docu	ment Number)	l
Certified Copies	Certificate:	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only

1168-524-



600331385816

07/09/19--01007--005 \*\*35.00

2019 AUS -2 PM 5: 22

No #11つ L O - D型 ガ:

C GOLDEN AUG - 6 2019

## COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: RODI SOLITION POINTING INC.			
DOCUMENT NUMBER: P 1900050430			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Elkin Diaz.			
Name of Contact Person			
Firm/ Company			
3210 SW 92 Court			
Address			
Miami, FL 33165 City/ State and Zip Code			
City/ State and Zip Code			
elkingadiaz az mbalazzit cam			
E-mail address: (to be used for future annual report notification)			
- same control (as we asked by think to the north control to the c			
For further information concerning this matter, please call:			
Elkin Digz at (305) 763 - 4887  Name of Contact Person Area Code & Daytime Telephone Number			
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:			
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			

Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 



July 19, 2019

ELKIN DIAZ 3210 SW 92 COURT MIAMI, FL 33165

SUBJECT: RAPI SOLUTION PAINTING INC

Ref. Number: P19000050430

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The person listed as the president and the person signing must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00014689

Claretha Golden Regulatory Specialist II

2019 AUG = 2 FF

## Articles of Amendment to Articles of Incorporation of



2019 AUG -2 PH 5: 22

MODI ZOINTION LOIUTI	ing Inc.	
(Name of Corporation	on as currently filed with the Florida I	Dept. of State)
<u>P 19000050430</u>		•
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
Rapid Solutions Pair	nting Inc	TI
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the contained association.	l "corporation," "company," or "inco" " "Inc." or "Co". A professional corr	renovated" as the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	<u>RESS</u> )	<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the office address:	name of the
Name of New Registered Agent		<del></del>
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligat	ions of the position.
Signa	ture of New Registered Agent, if changin	<u> </u>

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 Doe	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding Attach <i>additional shee</i>	ns, if necessary).	(Be specific)	_ <del>_</del>			
	_					
		<del>,</del>		<del></del>		
<del>_</del>						
<del></del>		<del></del>				
<u> </u>		<del></del>		·		
		<del></del>	<del></del>	<u> </u>		
					<del></del>	<del></del>
<del></del>	<del></del>					<del></del>
				· ·		
<del></del> -		<del>-</del>			_	
<del></del>	· · · · · · · · · · · · · · · · · · ·		_ <del></del>			
		<del></del>	<del></del>			<del></del>
		<del></del>	<del></del>			<u></u>
	<del>-</del>					
an amendment prov	/ides for an excha	inge, reclassifica	ation, or cance	lation of issue	d shares,	
rovisions for implen (if not applicable,	nenting the amen	dment if not cor	ntained in the a	imendment its	elf:	
(g not uppnearing)	mateure 1931)					
-	<u> </u>	<del></del>	<del></del>			
			<del></del> .	·· <del>-</del>		
						-

The date of each amendment(s) adoption: US S M date this document was signed.	, if other than the
Effective date if applicable: OE 25 19	
(no more than 90 days after amendment file date)	<del>_</del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will 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 06, 25, 19	
Signature y Francisco	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	