P19000065126

| (Req | uestor's Name) | | |
|----------------------------|------------------|--------------|--|
| (Address) | | | |
| bbA) | ress) | | |
| (City | /State/Zip/Phone | #) | |
| PICK-UP | WAIT | MAIL | |
| (Busi | iness Entity Nam | ne) | |
| (Doc | ument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Fi | iling Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | l:SAS PAIN | TING INC | | |
|---|---|--|--|--|
| DOCUMENT NUMBER: | P19000065126 | | <u> </u> | |
| The enclosed Articles of Amen | dment and fee are su | bmitted for filing. | | |
| Please return all correspondence | ee concerning this ma | itter to the following: | | |
| | VICT | OR M JURADO HERNAI | NDEZ | |
| | Name of Contact Person | | | |
| | S | SAS PAINTING INC | | |
| | | Firm/ Company | · | |
| | | 8619 SUMMER DR | | |
| | Address | | | |
| | | HUDSON, FL 34667 | | |
| | | City/ State and Zip Cod | e | |
| For further information concer VICTOR M JURADO HE | ning this matter, plea | sed for future annual report se call: 727 | 243-3706 | |
| Name of Contact Person | | at (|) de & Daytime Telephone Number | |
| Enclosed is a check for the foll | | | · | |
| | \$43.75 Filing Fee & 'ertificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Ado | | | Address | |
| Amendment Section | | Amendment Section | | |
| Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee | | |
| | P.O. Box 0327 Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SAS PAINTING INC

| | · |
|--|---|
| (Name of Corporation as curren | ntly filed with the Florida Dept. of State) |
| P19000065 | 126 |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | nis Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | (17) |
| 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 corporation name must contain the word |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | 720 |
| | —————————————————————————————————————— |
| | |
| C. Enter new mailing address, if applicable: | 9 To 1 |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A D TT |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | <u> </u> |
| D. If amending the registered agent and/or registered office ad | ddress in Floridy, enter the name of the |
| new registered agent and/or the new registered office addre | ess: |
| Name of New Registered Agent N/A | |
| - The Heginered Tigeria | |
| thilowide. | street address) |
| N1/A | succi taan ess) |
| New Registered Office Address: 1874 | . Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Ager | nt: |
| I hereby accept the appointment as registered agent. I am familia | r with and accept the obligations of the position. |
| | |
| | |
| Signature of Non | Registered Agent if changing |
| Signatur of New | BESTAULTEG STOPH A CHINGING |

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: <u>X</u> Change | <u>PT</u> | John Doe | | |
|--|--------------------------|--|-----------------------|--|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| I) Change | v | RODOLFO JURADO HERNANDE | 6386 COVENWOOD DR | |
| X Add | | • | SPRING HILL, FL 34609 | |
| Remove 2)Change | S | NOE JURADO HERNANDEZ | 8619 SUMMER DR | |
| X Add | | | HUDSON, FL 34667 | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | <u> </u> | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | Page 2 of 4 | | |
| E. <u>If amending or addi</u> (Attach <i>additional she</i> | | ional Articles, enter change(s) here: cessary). (Be specific) | | |

| N/A | | | | |
|---|----------------------------|------------------------|-------------|--------------------|
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| F. If an amendment provides provisions for implementi (if not applicable, india N/A | ng the amendment if not co | ntained in the amendme | ent itself: | |
| | - | | | |
| <u> </u> | | | | |
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| | P | age 3 of 4 | | |
| The date of each amendment() date this document was signed. | adoption: | | | , if other than th |
| Effective date <u>if applicable</u> : | 12/03/2019 | | | |
| e mectivo dato il applicable: | | | | |

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) | (<u>CHECK ONE</u>) | |
|---|--|--|
| ■ The amendment(s) was/were adop by the shareholders was/were suff | | The number of votes cast for the amendment(s) |
| | - | s through voting groups. The following statement d to vote separately on the amendment(s): |
| "The number of votes cast fo | or the amendment(s) was | s/were sufficient for approval |
| by | (voting group) | <u> </u> |
| | (voting group) | |
| ☐ The amendment(s) was/were adop action was not required. | ted by the board of direc | etors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopt action was not required. Dated | / | without shareholder action and shareholder |
| (By a dir | | officer – if directors or officers have not been |
| | by an incorporator – if i d fiduciary by that fiduc | n the hands of a receiver, trustee, or other court iary) |
| | VICTOR M. JU | JRADO HERNANDEZ |
| _ | (Typed or prin | ted name of person signing) |
| | PR | ESIDENT |
| ī | Fitle of person signing) | |