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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: IMAGINATION	PAINTING CORP			
DOCUMENT NUM	D10000045922				
The enclosed Article	s of Amendment and fee are si	abmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	ROGER OSUNA				
		Name of Contact Perso			
	IMAGINATION PAINTING	G CORP			
		Firm/ Company			
	14284 SW 151ST AVE				
		Address			
	MIAMI, FL 33196				
		City/ State and Zip Cod	c		
ROC	GERONLY67@GMAIL.COM				
- · ,	-	sed for future annual report	notification)		
	·		,		
For further information	on concerning this matter, pleas	se call;		10	1:0 1:0 1:0
ROGER OSUNA		786	, 930-1547	<u></u>	- 0년 - - 2년 -
Name of Contact Person		Area Code & Daytime Telephone Number		— %	S CX
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	TO	920 920 90
S35 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)	P점 나: @	F STATE RPURATIONS
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IMAGINATION PAINTING CORP

(Name of Corporation as	currently fi	led with the Florid	a Dept. of State)	 ,	
P19000065823					
(Document N	Number of Co	rporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Flo	rida Profit Corpora	tion adopts the follo	wing ame	ndment(s)
A. If amending name, enter the new name of the corpora	ation:				
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc " or "Co"	'. A professional c	ncorporated" or the orporation name mi	c abbrevi	new ation n the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>S</u>)				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -				_
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		in Florida, enter tl	ne name of the	10 SEP	SECRET STAISAGE
Name of New Registered Agent	· -			స	150 H
				72	32 C
(F	^F lorida street a	ddress)		F.	STA
New Registered Office Address:			, Florida	~~ ∽	<u> </u>
	(Citj	.)	(2	(ip Code)	ోద
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fi	ed Agent: familiar with	and accept the oblig	zations of the positio	n.	
Signature e	of New Regis	tered Agent, if chan	 ging	 -	

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 Doc	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	ROGER OSUNA	14284 SW 151ST AVE
Add			MIAMI, FL 33196
Remove			
2) Change			_
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
б) Change			
Add			
Remove			

	(Be specific)	r <u>e</u> :		
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an amendment provides for an excha	inge, reclassification, or	cancellation of issu	ed charge	
rovisions for implementing the amen	dment if not contained i	n the amendment it	self:	
(if not applicable, indicate N/A)				
	<u> </u>	<u> </u>		
				<u>_</u>
				

The date of each amendment(s) as date this document was signed.	loption:	, if other than the
08/1	5/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(40 more than 20 days after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	1
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	1t
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
09/15/2019		
Dated		
Signature	05e 05 un	
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
ŀ	OGER OSUNA	
-	(Typed or printed name of person signing)	
F	RESIDENT	
_	(Title of person signing)	