P19 0000 94887

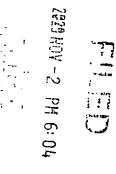
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DEC 11 mm S. YOUNG

COVER LETTER

14.4/5

TO: Amendment Section Division of Corporations

,:

NAME OF CORPORA	ATION: PAINTERS PRIDE	E CONTRACTORS, CORF).
DOCUMENT NUMBI			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
R	OSIMAR OLIVEIRA		
_	····	Name of Contact Persor	1
P	AINTERS PRIDE CONTRA	ACTORS, CORP.	
		Firm/ Company	
1	0721 SLEEPY BROOK WA	ΛY	
_	<u> </u>	Address	
E	OCA RATON , FL 33428		
		City/ State and Zip Code	2
Ŧ	BO1999@GMAIL.COM		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:at (. 561-2930
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
-	the following amount made		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address Idment Section Ion of Corporations Box 6327 nassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

PAINTERS PRIDE CONTRACTORS, CORP.			
	as currently filed with the Flo	orida Dept. of State)	
P19000094887			
(Document	Number of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this <i>Florida Profit Corp</i>	oration adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corpo	oration:		
RELIABLE DESIGN, CORP.		7*	he new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	r "Co". A professional corp		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS</u>)	ري التاريخ التاريخ	•

C. Enter new mailing address, if applicable:			: 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		•	
		· · · · ·	<u>a</u>
		•	10
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		er the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Cod	'e)
N. B. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	• •		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		obligations of the position.	
Signatur	e of New Registered Agent, if c	hanaina	
_	e ny men Kagmierea ngeni, ij e	mungung	
Check if applicable	0100 (11) (a) E C		
☐ The amendment(s) is/are being filed pursuant to s. 607.	.0120 (11) (¢), r.3 .		

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Rosimar Bernardes de Oliveira	10721 Sleepy Brook Way
Add			Boca Raton, FL 33428
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change			
Add			
Remove			

amending or adding additiona tach additional sheets, if necesse	ny). (Be specifi	c)			
	<u> </u>				
	<u> </u>				

<u>.</u>					
					·····
		.~.			
an amendment provides for an rovisions for implementing the	amendment if no	suication, or car of contained in t	icenation of issu he amendment i	tself:	
(if not applicable, indicate N	A)				
			<u> </u>		
 					
· · ·					
					

. ' 10/22/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/22/2020	•
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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)	
Signature (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)	
Rosinar B Oliveira	
	
OWNER President	
(Title of person signing)	