P200000 15156

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	me)		
(D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800342763218

04/13/20--01026--023 **35.00



O SIMM - ...

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON:SKY	PAINTING 69 CORP	<u> </u>			
DOCUMENT NUMBER						
The enclosed Articles of 2	Amendment and fee are su	bmitted for filing.				
Please return all correspor	ndence concerning this ma	itter to the following:				
		MARCO GODINEZ	,			
	Name of Contact Person					
	SKY PAINTING 69 CORP					
	Firm/ Company					
	703 SOMERSTONE DR					
_	Address					
	VALRICO, FL 33594					
	City/ State and Zip Code					
	SH	(YPAINTING69@GMAIL	.СОМ			
	E-mail address: (to be u.	sed for future annual report	notification)			
For further information co	oncerning this matter, plea	se call:	ŧ			
MARCO GODINEZ		813 at (431-9599			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made	payable to the Florida Dep	artment of State:			
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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		Amene Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 3230.			

Articles of Amendment to Articles of Incorporation

SKY PAINTING 69 CORP

SKY PAINTING 69 CORP		2020 120	
(Name of Corporation as currently	filed with the Florida Dept. of State)	113	Alline
P2000001	5156	•	28

P20000015156

(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	. *
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	J
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address) .
	es es
	City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Officer: (Attach additional sheets. Please note the officer/dir P = President; V = Vice i Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea	and/or D if necess vector title President Chief Fi vector wor in the fol ves the co	irector bo ary) e by the fi ; T= Trea nancial () dd be PT) lowing m orporation	rst letter of the office title: isurer; S= Secretary; D= Director; TR= ifficer. If an officer/director holds more the the anner. Currently John Doc is listed as the stally Smith is named the V and S. These	* Trustee, C = Chairman or Clerk; C in one title, list the first letter of eac PST and Mike Jones is listed as th	CEO = ch offic ne V. T	= Chie co hela There i	rf 1.
Mike Jones, V as Remove Example:	, and Sall	y Smiin, 2	sv as an Add.		•	-	<u>ت</u> جد
X Change	<u>PT</u>	John Do	<u>e</u>			•	70
X Remove	<u>V</u>	Mike Jos	nes				$\frac{1}{\omega}$
X Add	<u>sv</u>	Sally Sn	<u>iith</u>				2
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address ,			H: 56
1) Change	VP	_	KARINA SPENCER GODINEZ	703 SOMERSTONE DR		 ;	σ
X Add				VALRICO, FL 33594			
Remove							
2) Change		_					
Add				<u> </u>			
Remove 3) Change					_		
Add	•	_					
Remove				<u> </u>			
4) Change		_					
Add							
Remove							
5) Change		_					

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

ì

		,
	220.	٠
	2029 APT 13 AH II	
		: 5
	<u></u>	
	·.	•
		
f an amendment provides for an exchange, reclassifica provisions for implementing the amendment if not cou	ation, or cancellation of issued shares,	
(if not applicable, indicate N/A)	manied in the amendment usen:	

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Iffective date if applicable:	<u>*</u>
tno more than 90 days after amendme	nt file late)
Note: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	3
The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	nout shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by	"
(voting group)	
Dated 04-08 - 2020	
Signature .	*
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that tiduciary)	
MARCO GODINEZ	
(Typed or printed name of person signir	(g) 3 ———————————————————————————————————
PRESIDENT	
(Title of person signing)	