P2CCCCC27757

(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	y/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
J. HOS	1. 2. 1922	.1
		4/25

Office Use Only



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03/21/22--01012--022 **25.00

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FILED 2022 APR 25 PH 12: 3 SECRETARY OF STATE



2022 APR 25 PM 3: 34

FLORIDA DEPARTMENT OF STATE

Division of Corporations TALLAHASSEE, FL

April 6, 2022

YUMER NOESI 9785 SW 222ND ST CUTLER BAY, FL 33190 US

SUBJECT: H & Y PAINTING SERVICE CORP

Ref. Number: P20000027787

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LLC, but your entity is a CORPORTAION. Please complete and return the enclosed blank form(s).

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: 622A00008025

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations	
U & Y	D.0 19 6000 0000
NAME OF CORPORATION: 1	PAINTING SERVICE CORP
DOCUMENT NUMBER: <u>P2000002</u>	1787
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Yumer	Noesi
1	Name of Contact Person
	MejL NOES!
020501	Firm/ Company
YUMER NOESI Name of Contact Person YUMER NOESI Firm/ Company 9785 SW 222 nd ST Address Cutter Bay 3319 City/ State and Zip Code	Cland 51
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CO+(e/c	City/ State and Zip Code
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<u>Jenmer Do3</u>	ed for future annual report notification)
L-man address. (10 be us	ect for the are aminual report notification)
For further information concerning this matter, pleas	se call:
Yumer Noesi	at (407) 879-2690
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:
\$\ \$35 Filing Fee \$\ \text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certified to f Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation (Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the $t \mid Q \mid x \mid$,	0
name must be distinguishable and contain the word	TRUCK	txpress	CRD. The new
name must be distinguishable and contain the word "hnc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	"corporation," "con c," or "Co". A p	npany," dr "incorporated	"or the ubbreviation "Corp.,' name must contain the word
charterea, projessional association, or the an	neviation 1.71,	1370m	1/-
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)		CU+185 5W	222 nd 5T 24 33190
		<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)		
	-	_ -	
			
D. If amending the registered agent and/or regis	tered office addres	s in Florida, enter the na	ime of the
new registered agent and/or the new registere			
Name of New Registered Agent			
	· · · · ·		
	(Florida street	address)	
		,	
New Registered Office Address:		in)	_, Florida(Zip Code)
	(C)	ùλ	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered agent		and accept the obligation	ns of the position.
Sie	mature at New Root	stered Agent, if changing	
50	mine of hen hegi	merca rigent, ij enanging	

Check if applicable

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

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)

Example:

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<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				

attach additional sheets, if necessary).	rticles, enter chang . (Be specific)	<u>-</u>		
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f an amendment provides for an exc	<u>change, reclassific</u> :	<u>ation, or cancella</u>	tion of issued shares	<u>5,</u>
provisions for implementing the am	<u>iendment if not co</u>	ntained in the an	nendment itself:	
(if not applicable, indicate N/A)				
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shareholder
shareholder
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