(R	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
- (7)	- Fair Name
(В	usiness Entity Name)
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dela Cruz Painting and Restoration of Document number: P2000031345
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ivan E De La Cruz BentezName of Contact Person
Firm/ Company
2218 8th au Sw Address
Lorgo F1- 3.3770 City/ State and Zip Code
E-mail address: (to be used foodfuture annual report notification)
For further intermation concerning this matter, please call:
Name of Contact Person at (717) 6391211 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

to

DELACRUZ PAINTING AND RESTORATION INC

(Name of Corporation	n as currently filed with the	Florida Dept. of State)		
P	20000031	345		
. (Docume	ent Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the follow	ving amendme	nt(s)
A. If amending name, enter the new name of the cor	rporation:			
Be La Cruz Constructio	n lac.		The new	,
De La Cruz Construction name must be distinguishable and contain the word "con" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional co	corporated" or the abbrevior propration name must con	ation "Corp.," stain the word	
			707	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			I I	n J
(Fineque office unions states of the control of the				27.20 27.20
			, 6 · ;	7.13
		(n)		
C. Enter new mailing address, if applicable:	.	T.	100	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>		<u> </u>	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		<u></u> -		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the		
Name of New Registered Agent				
	(Florida street address)			
		191		
. New Registered Office Address:	(City)	, Florida	Zip Code)	
	, , ,		•	
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered agent. I	am familiar with and accept t	he obligations of the positio	m.	
Signa	ture of New Registered Agent,	if changing		
_	y gan			
Check if applicable	07.0130.(11).(a) E.S			
☐ The amendment(s) is/are being filed pursuant to s. 6	07.0120 (11) (6), 1.3.			

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> P.L</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change	<u></u>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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<u> </u>	
nendment provides for an exchange, reclassification, o ions for implementing the amendment if not contained not applicable, indicate N/A)	r cancellation of issued shares, I in the amendment itself:

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requ	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for approval.	r the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated <u>5-2</u>	6-21	
Signature V	irector, president or other officer - if directors or office	ers have not been
selecte	d, by an incorporator – if in the hands of a receiver, tru ted fiduciary by that fiduciary)	stee, or other court
	(Typed or printed name of person signing)	
	Prendent	<u></u>
	(Title of person signing)	

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