P20 000032928

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: DCM Painting of S	Sarasota Inc		
DOCUMENT NU	MBER: P20000032938			
	les of Amendment and fee are su	ebmitted for filing.		
Please return all co	orrespondence concerning this ma	itter to the following:		
	Bernard Ribordy			
	_	Name of Contact Person	1	
	Ribordy and Associates, Inc.			
		Firm/ Company	-	
	8780 Seminole Blvd			
		Address		
	Seminole, FL 33772			
		City/ State and Zip Cod	<u> </u>	
	brib165259@aol.com			
	-	sed for future annual report	notification)	
For further informa	ation concerning this matter, plea	se call:		
Bernard Ribordy			СИ	
Name of Contact Person		at (<u>727-397-92</u>) Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for 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)	
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

Articles of Amendment to Articles of Incorporation of

DCM Painting of Sarasota Inc (Name of Corporation as currently filed with the Florida Dept. of State) P20000032928 (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 corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square 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.

<u>PT</u>	<u>John Do</u>	<u>ee</u>	
\underline{V}	Mike Jo	nes	
<u>sv</u>	Sally Sn	<u>nith</u>	
<u>Title</u>		Name	<u>Addres</u> s
Р	_	David Montgomery	2039 Clemantis St
			Sarasota, FL, 34239
P		Donald Montgmery	
	_		
	-		
			· -
	_		
	_		
	Y SV Title	Y Mike Jo SV Sally So Title P	V Mike Jones SV Sally Smith Title Name P David Montgomery

	ial sheets, if nece.	ssary). (Be spec	ific)			
						
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an amenum rovisions for	improvides for implementing t	an evchange, rec he amendment if	<u>fassification, of</u> f not contained	in the amenda	ent itself:	
(if not app	licable, indicate	N/A)				

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6/16/2021
h amendment(s) adoption:, if other than
ent was signed.
6/16/2021
f applicable:
(no more than 90 days after amendment file date)
te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ctive date on the Department of State's records.
mendment(s) (<u>CHECK ONE</u>)
nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
holders was/were sufficient for approval.
nent(s) was/were approved by the shareholders through voting groups. The following statement wately provided for each voting group entitled to vote separately on the amendment(s):
umber of votes east for the amendment(s) was/were sufficient for approval
(voting group)
Dated
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)
David Montgomery
(Typed or printed name of person signing) President () m 11/1 () 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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