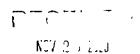
P20 0000 36642

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
_	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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JAN 1 0 1021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations -

NAME OF CORPORA	ATION: Hertinez	panting solu	tions inc		
	ER: P 20060				
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:			
-	Danny	Mme of Contact Perso	n		
7400 Stinling id mt 1028 Address					
_	7400 Stinli	n id Mt	1028		
_	Hollywou	D, £1 3302 City/ State and Zip Coc	4		
-		City/ State and Zip Coc			
For further information	concerning this matter, pleas	se call:			
Denny	Almerda	at (रेडप) 297-9113		
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:					
	S43.75 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

Martinez Pai	inting solutions i	nc		
	ion as currently filed with the Flo	orida Dept. of State)		
P2000	0036642			
(Docu	ment Number of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corp</i>	poration adopts the followin	g amendment(s) to	
A. If amending name, enter the new name of the	corporation:			
			_The new	
name must be distinguishable and contain the word "e". "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	," or "Co". A professional corp			
B. Enter new principal office address, if applicable	le:			
(Principal office address MUST BE A STREET AD		,		
			r~ 7	
			•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
	<u>—</u>			
				
		■ (B		
D. If amending the registered agent and/or register		ter the name of the	'. (
new registered agent and/or the new registered	office address:			
Name of New Registered Agent	<u></u>		_	
	(Florida street address)		_	
New Registered Office Address:		, Florida		
	(City)	(Zip)	Code)	
New Books and American Street Street				
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.		
		.,		
		,	_	
Sign	nature of New Registered Agent, if a	changing		
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 Doe				
X Remove	<u>v</u>	Mike Jone	<u>2S</u>			
X Add	<u>sv</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	<u>Title</u>	<u> 1</u>	Name			<u>Addres</u> s
1) Change	<u> 78</u>		Cartos	R	Haltinez-	6368 17 th Dr S
≺ Add					,	west Polm Beach
Remove						1 33415
2) Change	 -					
Add						
Remove Change					 	
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		 -	· -			
Add						
Remove						
6) Change						
Add						
Remove						

If amending or adding additional Arti	/D(f.)
(Attach additional sheets, if necessary).	(Be specific)
	
 	
• •	
- 	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	

.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am fficient for approval.	nendment(s)
•	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	••
"The number of votes cast	for the amendment(s) was/were sufficient for approval	N.
by	,"	
	(voting group)	
selected	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	not been other court
	Apriana J Acestura robriguez (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	