PZ0 000047153

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OCT - 9 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

MANYAPAINTING CORP NAME OF CORPORATION: P20000047153 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VIGNOLI, GONZALO Name of Contact Person MANYAPAINTING CORP Firm/ Company 16800 NE 15 AVE Apt 209 Address NORTH MIAMI BEACH, FL 33162 City/ State and Zip Code luisa.sanchez@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 839-7523

Area Code & Daytime Telephone Number Gonzalo Vignoli Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■** \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations 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 of

MANYAPAINTING CORP

77 78 77 68 65

(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)
P20000047153		
(Document Num	ber of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	o". A professional corp	orporated" or the abbreviation "Corp.," poration name must contain the word
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)		
(maining dualess part pentrope vertical prom)		
D. If amending the registered agent and/or registered office	e address in Florida, on	ter the name of the
new registered agent and/or the new registered office ad		XXX XX XX XX XX
Name of New Registered Agent		
Name of New Registered Agent		
	ida street address)	
H W	Ray Street (data ess)	
New Registered Office Address:	77 Jan 2	Florida (Zip Code)
	(Ciţy)	(z.p Code)
New Registered Agent's Signature, if changing Registered A	Ngent:	
I hereby accept the appointment as registered agent. I am fam	illiar with and accept the	obligations of the position.
	(f	h
Signature of s	New Registered Agent, if	cnanging
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)

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	_ <u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One) 1) Change	VP	Arnaldo Hector Campilongo	21410 Millbrook Ct
X Add			Boca Raton, FL. 33498
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

	(Be specific)				
					
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	08/17/2020	
The date of each amendment(s)	adoption:	, it other than th
date this document was signed.		•
-	/17/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
Gonzalo Vignoli bv		
o,	(voting group)	
08/17/20 Dated	20	
Signature	All of	
(By a selec	director, president or other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or ot need fiduciary by that fiduciary)	
	Gonzalo Vignoli	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	