Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000428626 3)))



H210004286263ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone

: (305)226-8727

Fax Number

: (305)226-8767

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN PRO-FINISH REMODELING & PAINT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help '



TO: Amendment Section

COVER LETTER

Division of Co	rporations		
NAME OF CORP	ORATION: Pro-Finish Remod	eling & Paint Corp	
DOCUMENT NUN	MBER: P2000047762		
The enclosed Article	is of Amendment and fee are su	abmitted for filing.	
Please return all con	respondence concerning this ma	atter to the following:	
	Lucia Estrella		
		Name of Contact Person	n
	Licenses & Permits LLC	r	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	8300 W Flagler St Suite 114		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Miami, Fl 33144		
		City/ State and Zip Cod	e
	licenses114@gmail.com		
		sed for future annual report	notification
	2 11011 11010 0.00. (10 00 0	ood for raiding this top of the	intiliouiton)
For further informat	ion concerning this matter, plea	se call:	
Lucia Estrella		at (<u>305</u>) 226-8727
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee
Та	llahassee, FL 32314	2415 N	N. Monroe Street, Suite 810
		i alisha	CSPP PI 4/4114

Pro-Finish Remodeling & Paint Corp

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida D	ent. of State)	
P20000047762			
(Documen	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation	adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corn	oration:		
Pro-Finish Group Corp		-	
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A professional corporation	d" or the abbreviation "Co	new orp.," word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			 .
			<u></u>
D. If amending the registered agent and/or registered	affice address in Florida and a standard		
new registered agent and/or the new registered off		TIME OF THE	
Name of New Registered Agent			
		_	
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	_
		4, <u>2</u> 1	28
New Registered Agent's Signature, if changing Registe		5 751	
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obligation	ons of the position. 🚁 🧓	NOV I
		<u> </u>	TED A
-			
Signatur	re of New Registered Agent, if changing	COMB	
Check if applicable		<u>포스</u> 때 21	<u>9</u> : 42
☐ The amendment(s) is/are being filed pursuant to s. 607.	.0120 (11) (e), F.S.	٠٠,	. •

11/19/2021 04:47 (FAX) P.004/006

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.

X Change	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			<u></u>
5) Change			<u> </u>
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

11/19/2021 04:47 (FAX) P.005/006

	ditional sheets, if ne	cessary). (E	le specific)				
							
•							
	·	_	· · ·			· · · · · · · · · · · · · · · · · · ·	
							•
		_					
						_	
				·			
			•				
provision	ndment provides fo ns for implementing ot applicable, indicat	the amenda	e, reclassific sent if not co	ation, or cancel ntained in the s	ation of issued s) mendment itself:	jares,	
provision	is for implementing	the amenda	e, reclassific tent if not co	ation, or cancel ntained in the s	ation of issued al mendment liself:	jares,	
provision	is for implementing	the amenda	e, reclassific sent if not co	ation, or cancel ntained in the s	ation of issued al mendment liself:	iares,	
provision	is for implementing	the amenda	e, reclassific sent if not co	ation, or cancel utained in the s	ation of issued al mendment liself:	IAFES,	
provision	is for implementing	the amenda	e, reclassific sent if not co	ation, or cancel ntained in the s	ation of issued al mendment liself:	JAPES,	
provision	is for implementing	the amenda	e, reclassific	ation, or cancel ntained in the s	ation of issued al mendment liself:	Jares,	

	Nov 18 2021		
The date of each amendment(s) ad-	option:		, if other than the
date this document was signed.		<u> </u>	, =
Nov 1	18,2021		
Effective date if applicable:			
	(no more t	than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the artment of State's reco	applicable statutory filing requirements, this date ords.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE))	
The amendment(s) was/were adopt action was not required.	sted by the incorporator	rs, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		s. The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholde ach voting group entitle	ers through voting groups. The following statement led to vote separately on the amendment(s):	•
"The number of votes east fo	or the amendment(s) wa	as/were sufficient for approval	
bу		"	
selected,	(voting group) cotor, president or other by an incorporator – if	r officer - if directors or officers have not been fin the hands of a receiver, trustee, or other court	• ——-
аррошея	tiquelary by that fidu	Clary)	
H	umberto Montejo	C	
_	(Typed or pri	inted name of person signing)	
P	res		
-	(Title of person	on signing)	

NOV 19 AM 9: 4