## P20000057039

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | y/State/Zip/Phone  | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Name | e)        |
| (Do                     | cument Number)     |           |
| Certified Copies        | Certificates of    | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



100377067841

11/30/21--01011--005 \*\*35.00

MILLA

DEC 15 2021 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR           | ATION: CHAMELEON H.                         | APPY PAINTER INC   |   |
|--------------------------|---|--|---|
| DOCUMENT NUME            | ER: P20000057039                            |  |   |
| The enclosed Articles    | of Amendment and fee are su                 | ibmitted for filing.   |   |
| Please return all corres | pondence concerning this ma                 | tter to the following:   |   |
|                          | MOISES HERNANDEZ                            |  |   |
|                          |   | Name of Contact Person   | n   |
|                          |   | Firm/ Company  |   |
|                          | 473 34TH AVENUE DR E                        |  |   |
| •                        |   | Address  | <del>,,</del>   |
|                          | BRADENTON, FL 34208                         |  |   |
|                          | <u> </u>                                    | City/ State and Zip Cod  | e   |
| For further information  | concerning this matter, pleas               | sed for future annual report                                       | nouncation  |
| MOISES HERNAND           | EZ  | at (   | 859-4868  |
| Name o                   | f 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) |
|                          | ling Address                                |  | Address<br>Iment Section  |

## Articles of Amendment to Articles of Incorporation of

| CHAM  | FΙ | FON | HA  | PPY | PA   | INTER       | INC |
|-------|----|-----|-----|-----|------|-------------|-----|
| C. I. | 1  |     | 11/ |     | 1 (1 | 1111 1 1211 |     |

| CHAMILECON HATT TAINTER INC   |                           |                             |                    |              |            |
|---|---------------------------|-----------------------------|--------------------|--------------|------------|
| (Name of Corporation  | as currently f            | iled with the Florida De    | pt. of State)      |              |            |
| P20000057039  |                           | ·                           |                    |              |            |
| (Docume   | nt Number of C            | orporation (if known)       |                    |              |            |
| Pursuant to the provisions of section 697,1006, Florida 5 its Articles of Incorporation:  | Statutes, this <i>Fle</i> | orida Profit Corporation    | adopts the follo   | wing amendme | ent(s) to  |
| A. If amending name, enter the new name of the corp   | poration:                 |                             |                    |              |            |
| NIA   |                           |                             |                    | The nev      | <b>s</b> ' |
| name must be distinguishable and contain the word "Corp." "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the at | "Inc," or "Co             | ". A professional corpo     |                    | abbreviation | ) i        |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>  | RESS )                    | <u> </u>                    | <u> </u>           |              |            |
|   |                           | NIC                         |                    | 72           |            |
| C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX   | ·)                        | NIA                         |                    | 1337 30      |            |
|   |                           | NIA                         |                    |              | · !        |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of  |                           | s in Florida, enter the n   | ame of the         | P11 3: 04    |            |
| Name of New Registered Agent  | N                         | IA                          |                    |              |            |
|   | N                         |                             |                    |              |            |
|   | (Florida street           | address)                    |                    | <del></del>  |            |
| New Registered Office Address:  | <u>N</u>                  | A                           | , Florida          | 1 la         |            |
|   | (C)                       | ίην                         | Ö                  | Zip Coder    |            |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I  |                           | h and accept the obligation | ons of the positie | )n           |            |
| Signat  | ure of New Reg            | istered Agent, if changing  | r.                 |              |            |

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:<br>XChange           | <u>79</u>       | <u>John Doe</u> |             |                      |
|-------------------------------|-----------------|-----------------|-------------|----------------------|
| X Remove                      | $\underline{V}$ | Mike Jones      |             |                      |
| X Add                         | <u>sv</u>       | Sally Smith     |             |                      |
| Type of Action<br>(Check One) | Title           | <u>Name</u>     |             | Address              |
| 1) Change                     | VP              | WENDY AVILA     |             | 473 34TH AVENUE DR E |
| Add                           |                 |                 |             | BRADENTON, FL 34208  |
| XX Remove                     |                 |                 |             |                      |
| 2) Change                     |                 |                 |             |                      |
| Add                           |                 |                 |             |                      |
| Remove                        |                 |                 |             |                      |
| 3) Change                     | •               |                 |             | -                    |
| Add                           |                 |                 |             |                      |
| Remove                        |                 |                 |             |                      |
| 4) Change                     |                 |                 | <del></del> |                      |
| Add                           |                 |                 | ì           |                      |
| Remove                        |                 |                 |             |                      |
| 5) Change                     |                 |                 |             |                      |
| Add                           |                 |                 |             |                      |
| Remove                        |                 |                 |             |                      |
| 6) Change                     |                 |                 |             |                      |
| Add                           |                 |                 |             |                      |
| Remove                        |                 |                 |             |                      |

| Attach additiona | dding additional Artic<br>sheets, if necessary). | (Be specific)      |                   |                   |                                       |             |
|------------------|--|--------------------|-------------------|-------------------|---------------------------------------|-------------|
|                  | MID  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    | <del> </del>      |                   |                                       |             |
|                  |  | <del> </del>       | ·                 |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   | · ·                                   |             |
|                  |  |                    |                   |                   | <del></del>                           |             |
| <del></del>      |  |                    |                   |                   |                                       | _           |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    | <del></del>       |                   |                                       |             |
|                  |  |                    |                   |                   | <del> </del>                          |             |
|                  |  |                    |                   | <u></u>           |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  | <u> </u>   |                    | <del></del>       |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
| <del> </del>     |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
| f an amendmen    | t provides for an excha                          | ingo reclassificat | ion or cancellati | ion of issued she | ros                                   |             |
| provisions for i | mplementing the amen                             | dment if not cont  | ained in the ame  | ndment itself:    | 1.531                                 |             |
|                  | cable, indicate NA)                              |                    |                   |                   |                                       |             |
| NI               | <u> </u>   |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
| ,                |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   | <del></del>       | <del></del>                           |             |
|                  |  |                    |                   |                   |                                       |             |
|                  | <u></u>  |                    | _                 |                   | · · · · · · · · · · · · · · · · · · · | <del></del> |
|                  |  |                    | . <del> </del>    | <del></del>       |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |
|                  |  |                    |                   |                   |                                       |             |

|   | 11/23/2021                    |  |                             |
|---|-------------------------------|--|-----------------------------|
| The date of each amendment(s) $a$                                     | doption:                      |  | , if other than the         |
| date this document was signed.  |                               |  |                             |
| 11/<br>Effective date <u>if applicable</u> :                          | 23/2021                       |  |                             |
| <u>n appieanie</u>  | (no more than 90              | days after amendment file date)  | *****                       |
| Note: If the date inserted in this document's effective date on the D |                               | ble statutory filing requirements, this dat  | e will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )          | 1  |                             |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s      |                               | number of votes cast for the amendment(s   | 1                           |
|   |                               | gh voting groups. The following stateme<br>tte separately on the amendment(s)              | nt                          |
| "The number of votes cas  | for the amendment(s) was/were | sufficient for approval  |                             |
| by  | (voting group)                |  |                             |
|   | (voting group)                |  |                             |
| action was not required.  The amendment(s) was/were ad                | , -                           | rithout shareholder action and shareholde<br>ut shareholder action and shareholder         | r                           |
| action was not required.  |                               |  |                             |
| 11/23/202   | Ļ                             |  |                             |
| Dated   | <del>//</del>                 |  |                             |
| <i>XIII</i>   | ··                            |  |                             |
| Signatur  |                               |  |                             |
| select  |                               | r – if directors,or officers have not been<br>hands of a receiver, trustee, or other court |                             |
| ,   | MOISES HERNANDEZ              | 1  |                             |
|   | (Typed or printed no          | ume of person signing)   |                             |
|   | PRESIDENT                     |  |                             |
|   | (Title of                     | person signing)  | <del></del>                 |