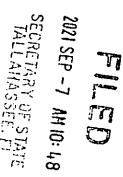
P21000031467

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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<u>CÓVER LETTER</u>

TO: Amendment Section Division of Corporations

4

NAME OF CORPORATION: GALVEZ PAINT	ING CORP			
DOCUMENT NUMBER: P21000031467				
The enclosed Articles of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ROBERTO GALVEZ BORJ	(AS			
	Name of Contact Persor	1		
GALVUZ PAINTING COR	n			
	Firm/ Company			
1709 W ARCTIC ST				
	Address			
TAMPA, FL 33604				
	City/ State and Zip Code			
ROBERTOGALVEZ221@C	GMAIL.COM			
-	sed for future annua! report	notification)		
For further information concerning this matter, plea	ase call: at (9650115		
Name of Contact Person	Area Code & 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 & Certified Copy (Addi. 2011 copy is 2. closed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street	Address		
Amendment Section		Amendment Section		
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tailahassee, FL 32314		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GALVEZ PAINTING CORP

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P21000031467	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	tion:
GALVEZ FULL REMODELATION, CORP	The _new
name must be distinguishable and contain the word "corporation" or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)) s 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 SEP -7 AM 10: 49 SECRE ARY OF STATE TALL NHASSEE, FL
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	
Name of New Registered Agent	
	orida street address)
N D 1 1/100 (1)	. Florida
New Registered Office Address:	(City) (Zip Co4e)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the obligations of the position.
Signature of	f New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (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	$\overline{\mathrm{bL}}$	John Do	<u>c</u>	
X Remove	\underline{V}	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>vith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				***************************************
Remove				
4) Change				
Add				
Remove				
5) Change		_		<u> </u>
Add				<u></u>
Remove				
6) Change		_		
Add				
Remove				

шаси аааниот	al sheets, if necessar	Articles, enter chang ry). (Be specific)			
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an <u>amendme</u>	nt provides for an	exchange, reclassific	ation, or cancellati	on of issued shares,	
orovis <u>ions for</u>	implementing the	amendment if not co	ntained in the ame	endment itself:	
(if not app	licable, indicate N/A	1)			
					· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: It the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder a	ction and shareholder
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/11/20 Dated	C Nay	
selec	diffector, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other content fiduciary by that fiduciary)	
	ROBERTO GALVEZ BORJAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	