## P210000 41644

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SANTOS JP	PAINTING CORP
DOCUMENT NUMBER: P21000041644	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	SANTOS F JIMENEZ PEREZ
	Name of Contact Person
	SANTOS JP PAINTING CORP
<del></del>	Firm/ Company
	1399 BELCHER RD S LOT 138
-	Address
	LARGO, FL 33771
-	City/ State and Zip Code
	bn_accounting@bnmultiservices.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
SANTOS F JIMENEZ PEREZ	at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
S35 Filing Fee	<del>_</del>
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

FILED 2021 NOV 16 AM 1: 07

SANTOS JP PAINTING CORP

	errar Lan William
(Name of Corpora	ation as currently filed with the Florida Dept. of State), 44.5811.
	P21000041644
(Doc	nument Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Flor s Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the	corporation:
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," ic," or "Co". A professional corporation name must contain the word breviation "P.A."
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u>	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ROV)
(manny dances many many many many many many many many	<u></u>
	stered office address in Florida, enter the name of the
new registered agent and/or the new registere	ed office address:
Name of New Registered Agent	
	(Florida street wideres)
New Registered Office Address:	
New Registered Office Address:	(Florida street address) Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent	tegistered Agent: t. I am familiar with and accept the obligations of the position.
. , ,,	
	anature of New Projetoval Agent if changing
315	gnature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		DELMY A HERNANDEZ SOLIS	1399 BELCHER RD S LOT 138
Add				LARGO, FL 33771
X Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	Attach a	idditional shee	ts, if necessary).	(Be specific	ange(s) here: )			
provisions for implementing the amendment if not contained in the amendment itself:								
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	<u>provisi</u>	ons for impler	menting the am	hange, reclass endment if no	ification, or ca t contained in t	ncellation of iss the amendment	ued shares, itself:	
						<del></del> -		
						<del></del>	<del> </del>	
				<del></del>				

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* ** .		
The date of each amendment(s) adopted this document was signed.	tion: 10/25/2021	, if other than the
Effective date if applicable:	25/2021	
<del></del>	(no more than 90 days after amendment file date)	)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement ment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes east for the ameient for approval.	endment(s)
	ed by the shareholders through voting groups. The followin h voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by	or, president or other officer – if directors or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver, trustee, or officers have a pain incorporator – if in the hands of a receiver in	
appointed t	iduciary by that fiduciary)	
	SANTOS F JIMENEZ PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	