## P21000081048

(Re	questor's Name)	•		
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T. LEMIEUX NOV - 4 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations

	LOULETVININ	TING SUBURSES INC	
	RATION: J QUALITY PAIN	TING SERVICES INC	····
DOCUMENT NUME	BER: P21000081048		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	CARLOS D CASTANEDA		
		Name of Contact Person	1
		Firm/ Company	
	6164 ROGER ST APT B		
		Address	
	JUPITER, FL 33458		
		City/ State and Zip Code	2
For further information	E-mail address: (to be us		notification)
CARLOS D CASTAN	SEDA	at ( <b>561</b>	768-6611
Name o	of Contact Person	at ( 561 ) 768 - 66 11 Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filling 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

J OUA	LITY	PAINTING	SERVICES	$\pm \text{NC}$
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J QUALITY PAINTING SERVICES INC		
(Name of Corpo	ration as currently filed with the	Florida Dept. of State)
P21000081048		
(Do	ocument Number of Corporation (if	known)
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation;	orida Statutes, this <i>Florida Profit C</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	ne corporation:	
JUPITER PAINTING SERVICES INC		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp." ", "chartered," "professional association," or the a	Inc." or "Co". A professional c	ncorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.		ν/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	N/A : 2
D. If amending the registered agent and/or reg		enter the name of the
new registered agent and/or the new registe	red office address:	enter the name of the S
Name of New Registered Agent	N/A	<u> </u>
	(Florida street address)	<u> </u>
M	,	121 - 14
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		the obligations of the position.
	N/A	
	Signature of New Registered Agent.	if changing

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 De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	mes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	). (Be specific)
10.0	
<del></del>	
	N/A
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	The second second
ovisions for implementing the an	change, reclassification, or cancellation of issued shares, need ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Rendered to the contained in the amendment with
	. \ / 1
	N/A
	N / A
	N / A
	N / A
	N / A
	N / A
	N/A

The date of each amendment(s) adoption:	10-21-2071	, if other than the
date this document was signed.		
Effective date if applicable:	10-21-2021	
(no m	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		this date will not be listed as the
Adoption of Amendment(s) (CHECK (	<u>ONE</u> )	
The amendment(s) was/were adopted by the incorporaction was not required.	rators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		lment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group (		
"The number of votes east for the amendment(	s) was/were sufficient for approval	
by		
tvoting grou	φ)	
Dated 10-21-20	other officer – if directors or officers have not	barr
· · · · · · · · · · · · · · · · · · ·	r – if in the hands of a receiver, trustee, or other	
<u> </u>	RL6S D. CASTANEDA or printed name of person signing)	
(Typed)	or printed name of person signing)	
Pi	iesident	
(Title of	person signing)	