P21000094866

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

Division of Corporations

NAME OF CORPORATION: R-W-M Painting Inc.

DOCUMENT NUMBER: P21000848106

The enclosed Articles of Amendment and fee are submitted for filling.

Please return all correspondence concerning this matter to the following:

Robert Mescobian

Name of Contact Person

R-W-M Painting Inc.

Firm/ Company

1709 Keyway Rd.

Address

Englewood fe 34223

City/ State and Zip Code

E-mail address: (to be used for future agricult eport notification)

For further information concerning this matter, please call:

Janiel Mescobian

Name of Contact Person

Area Code & Daytime Telephone Number

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

R-w-m Painting Inc	ed with the Florida Dept. of State)
D210000 84866	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pi "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
- -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2022
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
	ddress) ω
(Florida street d	ddress)
New Registered Office Address: (Cit	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regis	ered 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)

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	<u>PT</u> <u>John D</u>	<u>oc</u>		
X Remove	<u>V</u> <u>Mike Je</u>	one <u>s</u>		
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	President	Robert u) Mosnshian Engles	1709 Keyway B
Add			Engles	wood FL
Remove			3422	3
2) Change			<u></u>	·
Add				
Remove Change				
Add				
Remove			<u></u>	
4) Change				
Add				,
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional A al sheets, if necessary,). (Be specific)			
					
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an amendmen	nt provides for an ex	rchange reclassifie	ration or cancells	ition of issued share	•
provisions for i	implementing the ar	mendment if not co	ontained in the ar	nendment itself:	
(if not appli	icable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·		
1- 3 1-71					
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The date of each amendment(s) adoption:, if other than the late this document was signed.
Effective date if applicable: 7.25-2022 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Signature Robert W Moso- (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing) (Exped or printed name of person signing) (Title of person signing) New existing