P21000089393

(Requestor's Name)
(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: DS PAINT & REM	MODELING CORP			
	MBER: P21000089393				
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	SANDI Y. FUENTES MAR'	ΓINEZ			
	Name of Contact Person				
	Firm/ Company				
	2247 SW 9TH ST. APT. 2				
	Address				
	MIAMI FL 33135				
		City/ State and Zip Code	2		
	JV261107@HOTMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informates	ion concerning this matter, pleases	786	597-0310		
	e of Contact Person	at ()		
	for the following amount made		•		
S35 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)		
A D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio The C 2415?	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

DS PAINT & REMODELING CORP

(Name of Corporation	as currently filed with the Florida l	Dept VALUE 16 AH 8: LI
P21000089393		SECRETARY OF SILL
(Docume	nt Number of Corporation (if known)	TALLAHASSEE, FILL
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporatio</i>	m adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	
DS PAINT & MULTISERVICES CORP		The new
name must be distinguishable and contain the word "corp "Inc" or Co" or the designation "Corp," "Inc." "chartered," "professional association," or the abbrevi	or "Co". A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD K</u>	RESS)	
C. Enter new mailing address, if applicable:	·.	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
D. If amending the registered agent and/or registere	d office address in Florida, enter the	name of the
new registered agent and/or the new registered of		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tured Agent	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obliga	ttions of the position.
Signat	ure of New Registered Agent, if changi	ino
ingreen.	and any their residence of the title in a survey of	

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>61</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add	**		
Remove			

Attach addit	ional sheets, if necessary). (l	Be specific)			
				· ·	
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				···	
					
					
	<u> </u>		···		
				·	
					
If an amend	<u>ment provides for an exchans</u>	<u>ze, reclassification</u>	<u>, or cancellation o</u>	fissued shares.	
provisions	for implementing the amendi applicable, indicate N/A)	<u>nent if not contair</u>	ied in the amendm	<u>ent itself:</u>	
(у пог	ррисавіє, таісаве іма)				
-					·
					
				· <u> </u>	
		· · · · · · · · · · · · · · · · · · ·			
					

	adoption:	, if other than the
	2/13/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment()	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
hy	<u></u> ,	
	(voting group)	
1 2/13/20 Dated	021	
Signature		
selec	a director, president or other officer – if directors or officers have no eted, by an incorporator – if in the hands of a receiver, trustee, or oth pinted fiduciary by that fiduciary)	
	SANDI Y. FUENTES MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	