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(Requestor's Name)					
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04/27/22--01018--016 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TORRES PAINTI	NG MULTISEVICES COR	RP			
DOCUMENT NUME						
The enclosed Articles	of Amendment and fee are su	bmitted for tiling.				
Please return all corres	spondence concerning this ma	tter to the following:				
	ALEXANDER TORRES MA	ARIN				
		Name of Contact Person	1			
		Firm/ Company				
	8530 BRIAR GROVE CIR					
	Address					
	TAMPA, FL 33615					
		City/ State and Zip Code	<u>e</u>			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, plea	se call:				
ALEXANDER TORR	ES MARIN	at (8/3	780-1216			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	to Articles of Incorporation	da Dept. of State)
ORRES PAINTING MULTISEVICES CORP	of	
(Name of Corpo	oration as currently filed with the Flori	da Dept. of State)
22000016359		
(Do	ocument Number of Corporation (if know	(n)
ursuant to the provisions of section 607.1006, Flas Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ation adopts the following amendmen
. If amending name, enter the new name of the	he corporation:	
ORRES PAINTITNG MULTISERVICES COR	P	The new
me must be distinguishable and contain the word lnc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	Inc," or "Co". A professional corpor	
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
·		
		
If amending the registered agent and/or reg new registered agent and/or the new registe		the name of the
Name of New Registered Agent		
name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing nereby accept the appointment as registered age	Registered Agent: ont. I am familiar with and accept the ob-	ligations of the position.
	Signature of New Registered Agent, if cha	

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>T9</u>	<u>John De</u>	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones	
X Add	<u>SV</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) 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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

T]
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The date of each amendment(s) adoption:date this document was signed.	if othe	r than	the
Effective date if applicable: (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 document's effective date on the Department of State's records.	ll not be lis	ted as	the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d sharehold	er	
☐ 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):	Schie TALLA	2022 AI	
"The number of votes east for the amendment(s) was/were sufficient for approval	LAHASSEI	PR 2€	
by	EE, m	7 Pt	
04/12/2022 Dated	STATE LORIDA	2022 APR 29 PM 4: 42	
Signature (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)			
ALEXANDER TORRES MARIN			
(Typed or printed name of person signing)		_	
PRESIDENT			
(Title of person signing)		-	