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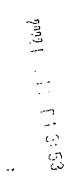
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The

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ES PAINT INC				
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are sul	bmitted for filing			
Please return all corres	spondence concerning this ma	tter to the followi	ing:		
	EDI RRUKAJ				
	Name of Contact Person				
	Firm/ Company				
	11661 OXFORD CREST LA	NE			
	Address				
	JACKSONVILLE, FL 32258				
		City/ State and	d Zip Code		
	edirrukaj22@gmail.com				
	E-mail address: (to be us	sed for future ann	ual report	notification)	
For further informatio	n concerning this matter, pleas	se call:			
EDI RRUKAJ		at ()4	226-8599	
Name	of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Flo	orida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	ру	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Amend Division The Control	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

Articles of Amendment to Articles of Incorporation of

ES PAINT INC			
(Name o	f Corporation as curre	ntly filed with the Florida	Dept. of State)
P22000024699			
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
ES PAINTING INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered." "professional association."	"orp," "Inc," or "Co".	A professional corporat	ated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if annlicable:	N/A	219
(Principal office address MUST BE A S		· · · · · · · · · · · · · · · · · · ·	
			
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST		N/A	<u></u>
			· ဟ္က
			:
		<u></u> .	
D. If amending the registered agent an new registered agent and/or the new			he name of the
Name of New Registered Agent	N/A		
Nume of New Registered Agent			
	/Florida	street address)	
	N/A	an eer ameressy	
New Registered Office Address:		(City)	Florida (Zip Code)
		(cui)	(Elp Couc)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the oblig	gations of the position.
 	Signature of Man	Registered Agent, if chan	aina
	Signature of New	negaterea ngent, ij chan	5'''5

Check if applicable

 \Box 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PT	RRUKAJ, EDI	11661 OXFORD CREST LANE
Add			JACKSONVILLE, FL 32258
Remove			
2) X Change	V	GOCAJ, SANDER	11661 OXFORD CREST LANE
Add	·		JACKSONVILLE, FL 32258
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
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	. <u>45</u>
If an amendment provides for an exchange, reclassification, or cancella	tion of icenad charac
provisions for implementing the amendment if not contained in the am	nendment itself:
(if not applicable, indicate N/A)	
/A	
<u> </u>	

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	05/01/2022	ie a a a
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
05/01/2022 Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date woof State's records.	ill not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	2092 1:
,	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
	nendment(s) was/were sufficient for approval	نبت ب
by	oting group)	ය ය
(V	oting group)	
05/08/2022 Dated		
selected, by at in	resident us other officer – if directors or officers have not been beorporator – if in the hands of a receiver, trustee, or other court may by that fiduciary)	
EDI RRU	JKAJ	
	(Typed or printed name of person signing)	-
PRESIDE	ENT	
	(Title of person signing)	