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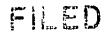
TO: Amendment Section

Division of Corporations

NAME OF CORPO	RATION: ABAZIROS PAIN	TING MIAMI CORP	
DOCUMENT NUM			<u> </u>
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARCELO MOTA CASTIL	.LO	
		Name of Contact Person	1
	ABAZIROS PAINTING MI	AMI CORP	
		Firm/ Company	
	2732 NW 5 ST		
	<del></del>	Address	<del></del>
	MIAMI FLORIDA 33125		
		City/ State and Zip Cod	e
	MARCELOMOTA1658@G	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
MARCELO MOTA CASTILLO		at (	312-4695 )
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 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			Address
	Amendment Section Amendment Section Division of Corporations Division of Corporations		
		entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



ARAZIROS PAINTING MIAMI CORP

2025 JUL 18 PM 1: 36

A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ABAZIROS PAINTING MIAMI CORP	7070 JOE 10 111 1. 26
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," a professional corporation name must contain the word "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)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)  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.		filed with the Florida Dept. of State) RECALLY OF STATE TALLALIASSEE, FL
A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered." "professional seociation," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Florida  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:  [Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Document Number of	Corporation (if known)
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or Co.," A professional corporation name must contain the word "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)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered address:  Name of New Registered Agent  //Florida street address)  New Registered Office Address:  (City)  //Elorida  //Elorida	Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "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 MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  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.	A. If amending name, enter the new name of the corporation:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  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.	"Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.,"
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent    Florida street address    New Registered Office Address:   Florida	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent    Florida street address    New Registered Office Address:   Florida		
Name of New Registered Agent    Florida street address	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent    Florida street address		
(Florida street address)  New Registered Office Address:		
New Registered Office Address:  (City)  (Zip Code)  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.	Name of New Registered Agent	
(City) (Zip Code)  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.	tFlorida stro	et address)
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.		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		chi) (Zap Coac)
Signature of New Registered Agent, if changing		
	Signature of New Re	egistered Agent, if changing

Check if applicable

<sup>☐</sup> 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>sv</u>	Sally Smith	
X Add			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	SAMUEL ANTONIO CARDONA	2940 NW 88TH ST UNIC C
X Add		Mayorquin	MIAMI FL 33147
Remove			
2) Change	_		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	
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	07/14/2025	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
07/	14/2025	
Effective date if applicable:	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	(no more man 90 days after amenament fue date)	
<b>Note:</b> If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendmufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following star- each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
JULY 14, Dated Signature _ ★	(voting group)	
(Byrice selecte	frector, president or other officer – if directors or officers have not be ad, by an incorporator – if in the hands of a receiver, trustee, or other of ited fiduciary by that fiduciary)	
	MARCELO MOTA CASTILLO	
	(Typed or printed name of person signing)	<del>.</del>
	PRESIDENT	
	(Title of person signing)	<del></del>