# P950091172

| (Requestor's Name)                      |   |  |
|---|---|--|
| (Address)                               |   |  |
| (Address)                               |   |  |
| (City/State/Zip/Phone #)                | ŀ |  |
| PICK-UP WAIT MAIL                       |   |  |
| (Business Entity Name).                 | , |  |
| (Document Number)                       | , |  |
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ALLAHASSEE, FLORIDA

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2009 JUL -6 PM 3: 17
SECRETARY OF STATE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:JJ CUSTO   | OM PAINTING & INTERIOR DESING   |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMBER: P950000   | 91172   |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                           |   |  |  |  |
| Please return all correspondence concerning this matter to the following:                      |   |  |  |  |
| ·  | YN R. YOUNG   |  |  |  |
| Name   | e of Contact Person   |  |  |  |
|  | G ASSOCIATES, INC.  |  |  |  |
| F  | irm/ Company  |  |  |  |
| 4111 SW 2  | 25TH ST. SUITE #13  |  |  |  |
|  | Address   |  |  |  |
| FT. LAUDER   | DALE, FLORIDA 33317   |  |  |  |
| City/  | State and Zip Code  |  |  |  |
| keyyoungassoc<br>E-mail address: (to be used for   | ciates@yahoo.com r future annual report notification)   |  |  |  |
| For further information concerning this matter, ple  | ase call:   |  |  |  |
| EVELYN R. YOUNG  | _at (954)822-6878   |  |  |  |
| Name of Contact Person   | Area Code & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made  | e payable to the Florida Department of State:   |  |  |  |
| \$35 Filing Fee Certificate of Status  | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |

#### **Articles of Amendment**

### to Articles of Incorporation of

| J.J. Custo.  (Name of Corporation as curre   | m PAIDTING                    | & Interio                    | r Dosing, tak.  |  |
|--|-------------------------------|------------------------------|-----------------|--|
| (Name of Corporation as curre  | ently filed with the Florid   | a Dept. of State)            |                 |  |
|  | 091172                        |                              | ·               |  |
|  | nber of Corporation (if known | wn)                          |                 |  |
| (Document Num  | iber of Corporation (if know  | wii)                         |                 |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |                               |                              |                 |  |
| A. If amending name, enter the new name of   | the corporation:              |                              |                 |  |
|  |                               |                              | The new         |  |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word "chartered," | designation "Corp," "Inc,     | ," or "Co". A profession     |                 |  |
| B. Enter new principal office address, if app<br>(Principal office address <u>MUST BE A STREE</u>  |                               |                              | <del></del>     |  |
|  |                               |                              |                 |  |
|  |                               |                              |                 |  |
|  |                               |                              | 70<br>TAS       |  |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFIC   |                               |                              | ECH C           |  |
| (Manning address MANN DEPTH OF OF THE  | <u></u>                       |                              |                 |  |
|  | <del></del>                   |                              | ARY ARY         |  |
|  | <del></del>                   |                              | The R           |  |
| D. If amending the registered agent and/or r<br>new registered agent and/or the new regis  | egistered office address in   | Florida, enter the name      | တည်းေ ယ္        |  |
| new registered agent and/or the new regis  | tered office address:         |                              |                 |  |
| Name of New Registered Agent:  | same                          |                              | <b>D</b>        |  |
| N. D. V. 1000 (1)  | (F) - 1                       |                              |                 |  |
| New Registered Office Address:   | (Florida street ad            | adress)                      |                 |  |
|  | <u>same</u>                   | , Florida                    |                 |  |
|  | (City)                        | (Zip Code)                   |                 |  |
| New Registered Agent's Signature, if changin   | g Registered Agent:           |                              |                 |  |
| I hereby accept the appointment as registered a  | zent. I am familiar with ar   | nd accept the obligations of | f the position. |  |
| w/   | uan 1. Di                     | 01:102                       |                 |  |
| Si   | ignature of New Registered    | Agent, if changing           |                 |  |

## 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) Title . <u>Name</u> Address **Type of Action** ☐ Add □ Remove ☐ Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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/A) Amend ment

| The date of each amendment(s) adoption: 6/30/09                                 |   |  |  |
|---|---|--|--|
| Effective date if applicable:   | (fate of adoption is required)  |  |  |
| (no more the  | n 90 days after amendment file date)  |  |  |
| Adoption of Amendment(s)  | CHECK ONE)  |  |  |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient to | the shareholders. The number of votes cast for the amendment(s) for approval.   |  |  |
|   | y the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):                                 |  |  |
| "The number of votes cast for the an  | nendment(s) was/were sufficient for approval  |  |  |
| by  | .,,   |  |  |
| (voting group   | יו  |  |  |
| The amendment(s) was/were adopted by action was not required.                   | the board of directors without shareholder action and shareholder   |  |  |
| The amendment(s) was/were adopted by action was not required.                   | the incorporators without shareholder action and shareholder  |  |  |
| Dated 6/30  | 109   |  |  |
| Signature(By a director, preselected, by an inc                                 | esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary) |  |  |
| Ju a  | Typed or printed name of person signing)  |  |  |
|   | President e of person signing)  |  |  |