

P98000054404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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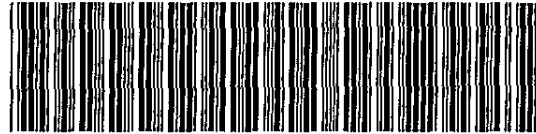
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04 DEC - 8 PM 2:02

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~~Res 11/3/04~~  
Rs 12/5/04  
NC b.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 3, 2004

LARA SIMONSEN  
EQUESTRIAN ENTERPRISES, INC.  
3920 30TH AVE SE  
NAPLES, FL 34117

SUBJECT: EQUESTRIAN ENTERPRISES, INC.  
Ref. Number: P98000054404

We have received your document for EQUESTRIAN ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The date of the amendment's adoption must be on or before the date of signing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 604A00063023

RECEIVED  
04 DEC -8 PM 12:10  
DIVISION OF CORPORATIONS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EQUESTRIAN ENTERPRISES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000054404

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARA SIMONSEN  
(Name of Person)

EQUESTRIAN ENTERPRISES, INC.  
(Name of Firm/Company)

3920 30TH AVE SE  
(Address)

NAPLES, FL 34117  
(City/State and Zip Code)

For further information concerning this matter, please call:

HELEN WATSON at ( 239 ) 263-0829  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED

04 DEC -8 PM 2:02

THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

EQUESTRIAN ENTERPRISES, INC.

(present name)

P98000054404

(Document Number of Corporation (If known))

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

AMENDMENT TO ARTICLE I: CHANGE NAME TO

ALL AMERICAN PAINTING OF SW FLORIDA, INC.

**SECOND:** 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, are as follows:

THIRD: The date of each amendment's adoption: OCTOBER 13, 2004

FOURTH: Adoption of Amendment(s) (CHECK ONE)

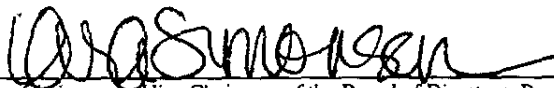
- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
voting group

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 13th day of OCTOBER, 2004

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

LARA SIMONSEN  
Typed or printed name

PRESIDENT

Title