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(Ci	ty/State/Zip/Phone #	7)
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PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	<del>)</del>
(3.	2007000 <u>2</u>	,
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only

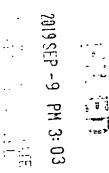


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ustom Painting by Oleg Corp.
DOCUMENT NUMBER:P	
The enclosed Articles of Amendment a	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
565	Custom Painting by Olea Corp Firm/Country  Lateview dr  Address  Miam: Black FL 33140  City/State and Zip Code  bles pure 2 a mail. Com  ress: (Whe used for future annual report notification)
For further information concerning this	s matter, please call:
Oleg Pyria	n Area Code & Daytime Telephone Number
Name of Contact Person	n Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 F Certificat	iling Fee &
Mailing Address Amendment Section Division of Corporat P.O. Box 6327	Street Address Amendment Section ions Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

	ncorporation of
Custom Painting by	Ula Corp.  ntly filed with the Florida Dept. of State)
P980000 6859	4
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N A	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA 9 PH
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent NA	
(Florida	street address)
New Registered Office Address: New Registered Office Address	Florida
res regimera sque rataress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
NA SAME	s 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)

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 officertdirector 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: <u>X</u> 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>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Igor Danyhiv	10004 E Bay Harbar Dr #5 Bay Harbor FL 33154
X Add		•	Bay Harbor FL 33154
Remove			
2) Change			
Add			
Remove			
3 ) Change			
, Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u></u>	
Add			
Remove			
6) Change			<del></del>
Add			T-STEPHEN ME.
Remove			

Attach additional she	ng additional Articles, enter cheets, if necessary). (Be specific	)		
	NA			
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<u>f an amendment pr</u>	ovides for an exchange, reclass	ification, or cancellatio	on of issued shares,	
(if not applicable	ementing the amendment if not be indicate NIA)	contained in the amen	<u>idment itselt:</u>	
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ick does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendicient for approval.	lment(s)
	oved by the shareholders through voting groups. The following and voting group entitled to vote separately on the amendment():	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sharehol	lder
Dated	5.19.	
Signature	1// -	
selected.	ector, president or other officer — if directors or officers have no by an incorporator — if in the hands of a receiver, trustee, or oth d tiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
	President	

(Title of person signing)