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C. GOLDEN SEP 1 9 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: James Albert Green Plastering, Inc. DOCUMENT NUMBER: P04000149659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Albert J Green Name of Contact Person Firm/ Company 1450 N Krome Ave, Suite 101G Address Florida City, FL 33034 City/ State and Zip Code albertgreenplastering@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 255-3007
Area Code & Daytime Telephone Number Albert J Green Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

James Albert Green Plastering, Inc

2018 SEP 17 PM 3: 15

(Name of Corporation as current	tly filed with the Florida Dept. of State EURE TARY OF ST
P04000149659	TALLAHASSEE.
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Albert Green Plastering, Inc	The new
name must be distinguishable and contain the word "corporation "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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1450 N Krome Ave
	Suite 101G
	Florida City, FL 33034
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature 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)

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 Do	<u>oc</u>		
X Remove	V	Mike Jo	nes		
_X Add	<u>\$V</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	VP		James A Green		15014 S.W. 303rd Street
Add					Homestead, FL 33033-3778
X Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					·
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	-				
Remove					
- Kentove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	

9/14/2018	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
9/14/2018 Dated	
Signature albert Deen J	·
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or of the hands of a receiver.	
appointed fiduciary by that fiduciary)	
Albert J Green	
(Typed or printed name of person signing)	
President	
(Title of person signing)	