P15000052543

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City)	/State/Zip/Phon	e #)
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COVER LETTER FILING CANCELLED RETURNED CHECK

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DARIELA PURP	LE CONTRACTING COR	P
	BER: P15000052543		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	IMMER ACOSTA		
		Name of Contact Perso	n
		Firm/ Company	
	4585 CLEMENS STREET		
	LAKE WORTH FL 33463	Address	
		City/ State and Zip Cod	e
For further informatio	E-mail address: (to be u	sed for future annual report	notification)
IMMER ACOSTA		at (561	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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DARIELA PURPLE CONTRACTING CORP		
(Name of Corporat	tion as currently filed with the Flo	orida Dept. of State)
P15000052543		
(Docu	ument Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006. Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corp	poration adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:	
GREEN POINT PAINTING CORP		The
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "Co". A profession	The new r'incorporated" or the abbreviation all corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)	201 1104 28 PM 10
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, ent I office address:	er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.
Sien	nature of New Revistered Agent if a	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 Doe	EII ING (CANCELLED
X Remove	$\underline{\mathbf{v}}$	Mike Jones		NED CHECK
X Add	<u>sv</u>	Sally Smith	KETUKI	NED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	VP	JUAN JOS	SE ACOSTA	4705 VILLAS SANTORINI
X Add				LAKE WORTH FL 33461
Remove				
2) Change	VP	YUNI AG	UERO	4585 CLEMENS STREET
X Add	-		-	LAKE WORTH FL 33463
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(Mach additional success, y necessary). The specific	
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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)	
	-

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t ne date of each amendment(s) adopt date this document was signed.	on:, if other than the
Effective date if applicable:	
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval
by	;"
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
11/25/2017	
Dated	- Herr
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
lMA	1ER ACOSTA
	(Typed or printed name of person signing)
PRF	SIDENT
	(Title of person signing)