P16000053462

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	RATION: GTS PAINTING	CORP				
DOCUMENT NUM	D16000053462					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	GLEIDSON T DE SOUZA					
		Name of Contact Person	1			
	Firm/ Company					
Address						
City/ State and Zip Code						
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
GLEIDSON DE SOU	JZ.A	at ()	SEC	16 J	
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	mber f	_III_	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:	ASSE	25 1	\$
\$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)		PH 2: 59	
	iling Address endment Section		Address Iment Section			

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

, to	
Articles of Incorporation of	-11
0.10 0 1 0	Canada.
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000053462	7
(Document Number of Corporation (if known)	٠,٠
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:	nent(s) to
A. If amending name, enter the new name of the corporation:	
The nemate must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A."	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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>be</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	VALDIR ALVES	3002 NW 4 TER SUITE 4
XAdd				POMPANO BEACH, FL 33064
Remove				···
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add			_	
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) PLEASE ADD VALDIR ALVES TO SECRETARY THIS COMPANY.				
•				
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)				
(4) not appricable, transact (1771)				

The date of each amendment(s) add date this document was signed.	option:	_, if other than the
Effective date if applicable:		
Energy date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) scient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 7	10/2016	
Signature X	·	_
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	GLG'DSON T DE SOUZA Printed name of person signing)	16
	(Typed or printed name of person signing)	FI
_	Prusi du t (Title of person signing)	25
	(Title of person signing)	FH 2: 59