## P1800035034

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ZOI8 NOV -6 AM 9:59 Secretary of State

C. GOLDEN NOV 1 3 2018

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PAINTING GREE	N WORLD, CORP	
DOCUMENT NUMB	BER: P18000035034		<u> </u>
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	ANGELA VELOZ ACOSTA		
		Name of Contact Persor	1
		Firm/ Company	
	5507 DECATUR ST		
	ORLANDO FLORIDA 3280	Address	<u></u>
	ORLANDO FLORIDA 3280	City/ State and Zip Code	0
		City State and Zip Code	•
ANG	ELAVELOZ93@GMAIL.CO		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
ANGELA VELOZ A	COSTA	407 at (	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	irtment 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)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301



October 25, 2018

ANGELA VELOZ ACOSTA 5507 DECATUR STREET ORLANDO, FL 32807

SUBJECT: PAINTING GREEN WORLD, CORP.

Ref. Number: P18000035034

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

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must sign the complete/legal name of each indidivual signing in each signature block.

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) 245-6050.

Letter Number: 818A00021967

Claretha Golden Regulatory Specialist II



## Articles of Amendment to Articles of Incorporation of

## FILED

2018 NOV -6 AM 9: 55

PAINTING GREEN WORLD, CORP.

(Name of Cor	poration as currently filed with the F)	orida Dept. of State) Shira - ART OF STALLAHASSEE,
P18000035034		MULAHASSEL
	(Document Number of Corporation (if kr	nown)
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	The new or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>	olicable: ET_ADDRESS )	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or a new registered agent and/or the new regi		iter the name of the
ANC	GELA VELOZ ACOSTA	
Name of New Registered Agent 5507	7 DECATUR ST	
	(Florida street address)	
New Registered Office Address:	ANDO	. Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of ANGLO I	ing Registered Agent: agent. I am familiar with and accept the CVOLOZ ACOSTO Signature of New Registered Agent, i	

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: XChange	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MIGUEL A TORRES	5993 CURRY FORD RD
Add			APT 138
X Remove			ORLANDO FLORIDA 32822
2) Change	P	ANGELA VELOZ ACOSTA	5507 DECATUR ST
X Add			ORLANDO FLORIDA 32807
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	- <del></del>		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<del></del>				
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f an amendment provides for an excl	hanne reelassificat	ion or cancel	lation of iss	ned shares		
provisions for implementing the ame	ndment if not cont	ained in the a	mendment	itself:		
(if not applicable, indicate N/A)						
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· •	10/02/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/02/2018	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were aby the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	(5)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/02/20 Dated		
selec	GCA VELOV ACOSTA  director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	ırt
	ANGELA VELOZ ACOSTA	<u></u> _
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	