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NAY 3 1 2019 SCHROEDEF

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Durfal Quality Painting	Services Inc		
		<u> </u>	
		<u> </u>	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
		<u> </u>	Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
- G			Vehicle Search
			Driving Record
Requested by: SETH	05/30/19		UCC or 3 File
Name	Date Time		UCC 11 Search
. wine			UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

Articles of Amendment Articles of Incorporation of

Durfal Quality Painting Services Inc.

(Name of	Corporation	on as currently filed with the Florida Dept. of State	2)	
P19000019647				
	(Docum	ent Number of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	.006, Florida	Statutes, this Florida Profit Corporation adopts the	following ar	nendment(s)
A. If amending name, enter the new na	me of the co	rporation;		
			T	he new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of	ation "Corp.	d "corporation," "company," or "incorporated" of "Inc," or "Co". A professional corporation nan abbreviation "P.A."	or the abbr ne must con	eviation tain the
B. Enter new principal office address, (Principal office address MUST BE A ST				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (<u>cable:</u> OFFICE BO		2 N	
D. If amending the registered agent an new registered agent and/or the new	d/or registe y registered	red office address in Florida, enter the name of the		M 31 F
Name of New Registered Agent	Yoan M Di	uran Garcia	-7-7	F
	2495 Baysi	ide St.	33	<u>.</u>
		(Florida street address)	Ser.	យា
New Registered Office Address:	Naples	, Florida		
		(City)	(Zip Cod	1e)

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: PT John Doc X_Change Mike Jones X Remove ŞΥ Sally Smith X Add <u>Addres</u>s Title <u>Name</u> Type of Action (Check One) Yoan M Duran Garcia 2495 Bayside St 1) X Change Naples FL 34112 _ Add _ Remove 2) ____ Change 台 __ Add __ Remove 3) ____ Change __ Add Remove 4) ____ Change __ Add __ Remove 5) ____ Change __ Add _ Remove

6) ____ Change

__ Add

__ Remove

-	7	_
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ne original application my name was incorrect it cu	rrently shows as YOAN M SR DURAN GARCIA and it should	_		
w YOAN M DURAN GARCIA, the (SR) has to be	removed in order to be in compliance with my financial institution.	removed in order to be in compliance with my financial institution.		
		—		
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		MAT 31		
If an amendment provides for an exchange, recl	lessification or cancellation of issued theres	ر س		
provisions for implementing the amendment if	not contained in the amendment itself:			
(if not applicable, indicate N/A)		PH		
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		— ارد		
	1.			
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		_		

31st of M	(ay 2019	16 - A A A -
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
31st of May 2019		
Effective date if applicable:	more than 90 days after amendment file date)	
(on)		
Note: If the date inserted in this block does not med document's effective date on the Department of State's	the applicable statutory filing requirements, this date will n srecords.	ot be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	olders. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement entitled to vote separately on the amendment(s):	
"The number of votes east for the amendmen	tt(s) was/were sufficient for approval	19
by	" "	= -~
(voting gi	roup)	-< 11
action was not required.	of directors without shareholder action and shareholder	31 PM to
☐ The amendment(s) was/were adopted by the incorp	porators without shareholder action and shareholder	†.
action was not required.		<u>~</u>
Dated_ 5/31/16/	<u> </u>	
Signature		_
(By it director president	or other officer - if directors or officers have not been	
selected, by an incorpora	ator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the	hat fiduciary)	
40	an M Duren Grarace	
(Type	ed or printed name of person signing)	
	Proschat	
	(Title of person signing)	