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	(Requestor's Name)
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Special Instructions	s to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: NEW Wall Pa	ainting Corp	
DOCUMENT NUMBI	Dan		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_ 	Fer New W 5122 F Fort N	nando Gantano Name of Contact Perso All Painting Company Firm/ Company Address Mens Florio	Orp. Unit 215 2 33966
– For further information	E-mail address: (to be us		Company a Gmail. Com
Ternando Santa Name of	Ona De Oliveira Contact Person) 888 - 9024 ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee		S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations dox 6327	Ameno Divisio	Address Iment Section on of Corporations Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

	of		
	New Wall	Painting Comp	
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)	
	Panno	ORAFOO	
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
	Torp," "Inc," or "Co"	company," or "incorporated" or the abbrevio 1 professional corporation name must con	ution "Corp.,"
B. Enter new principal office address,	if applicable:	<u>N/A</u>	
(Principal office address MUST BE A S			
			
			· ·
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/Δ	•
(Mailing duaress MAT BE A POST	OFFICE BUX)	-(3.77)	-
			्र
			<u>;_</u>
D. If amending the registered agent ar	ıd/or registered office addı	ess in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	NIA		
	(Florida str	eet address)	_
New Registered Office Address:	N/A	, Florida	
	,	(City) (Zi	p Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	:	
I hereby accept the appointment as regist	tered agent. I am familiar v	with and accept the obligations of the position	1.
		N/A	
	Signature of New Re	egistered Agent, if changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) ((e), F.S.	

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
·····
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)
N/A

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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)

Example:

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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VPS	Luciana Viana	5122 Pimlico LN
X Add			Unit 215
Remove			Fort Myers, FL 33960
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	N/A	if other than the
date this document was signed.		
Effective date if applicable:	N/4	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, t t of State's records.	his date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
★ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amend for approval.	ment(s)
	y the shareholders through voting groups. The following s ting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
((voting group)	
Dated 11 03 2020		
Signature	July	
(By a director, p selected, by an i	residention other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or othe iary by that fiduciary)	
	(Typed or printed name of person signing)	De Oliveina
	P	
	(Title of person signing)	