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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	nstruction Services INC.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	José Manuel Colina Barboza		
-		Name of Contact Persor	1
	Je Drywall and Construction	Services INC.	
-	-	Firm/ Company	
	10523 Running Oak Ct.		
-		Address	
	Jacksonville, FL. 32246		
-		City/ State and Zip Code	
	colina66@hotmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information José Manuel Colina Ba	concerning this matter, pleasurboza	se call: 904	377-2940
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
S35 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)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations International Corporations International Corporations In Monroe Street, Suite 810 Insisted, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Jc Drywall and Construction Services INC.

(1) (2)	I. Cl. J. Mark Al. Ct. March 1 at MC (NCA) DV. O. O.7
	ly filed with the Floridan Links (1997) 1997 3: 27
P18000075277	COOFF OF GENERAL
(Document Number of	f Corporation (if known) TALL ALLASSEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation:	
JC Drywall and Construction INC.	The ne
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp. A professional corporation name must contain the wo
D. C. a. a. a. a. C. al a. I. affice a diduce of an all calls.	Not Applicable
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)	Not Applicable
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Not Applicable	_
Name of New Registered Agent	
(Florida su	reet 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	<u>:</u> with and accept the obligations of the position.
Signature of New R	Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office k. 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
Not Applicable	
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
Not Applicable	
	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ac	08/22/2021	, if other the
date this document was signed.	option	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	is, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am Ticient for approval.	endment(s)
	roved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
08/22/2021		
Dated		
Signature	de Colina	
sclected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or ded fiduciary by that fiduciary)	
	Jose M. Colina B.	
	(Typed or printed name of person signing)	
	President / Owner.	
	(Title of person signing)	