P00000007447

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROMAN DRYWALL, INC. DOCUMENT NUMBER: P0000007447 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **JUAN ROMAN** Name of Contact Person ROMAN DRYWALL, INC. Firm/ Company 645 SW 5 ST Address FLORIDA CITY, FL 33034 City/ State and Zip Code CPLROMAN@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN ROMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **□**\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

ROMAN DRYWALL, INC.			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
(Document Number of Corporation (it	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following	amendm	ent(s)
A. If amending name, enter the new name of the corporation:			
	:	The nev	ıı.
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F	," "company," or "incorporated" or the abl o". A professional corporation name must co	reviatio	11
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	77	5	
		. 6	
C. Enter new mailing address, if applicable:		3 3	ILED
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· ===	_
		. 0	
	júr-	7	
5 45 11 11 11 11 11 11 11 11 11 11 11			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:			
Name of New Registered Agent	111111111111111111111111111111111111111		
	at address!		
	•		
New Registered Office Address: (City)	, Florida(Zip Code)		
•	,		
New Registered Agent's Signature, if changing Registered Agent:	and the second con-		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.		
Signature of New Registered As	oent itenanging		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X_	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	MAYRA ROMAN	645 SW 5 ST
Add			FLORIDA CITY, FL
Remove			33034
2) X Change	S	LUIS RODRIGUEZ	326 SW 5 ST
Add			FLORIDA CITY, FL
Remove			33034
3) Change			
Add			
Remove			
4) Change			
Remove			
. 5) Change			
Remove			
6) Change			Marie Company
Add			
Remove			

	(Be specific)	
		
1,100.1		
		
* *** *** ***** ******		
an amendment provides for an excl	hange, reclassification, or cancellation of issued s	hares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	-
A THE STATE OF THE		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5, 5, el 8	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
JUAN ROMAN	
(Typed or printed name of person signing)	

INCORPORATOR - PRESIDENT

(Title of person signing)