## P0400013444

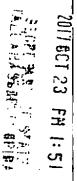
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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: DS INTERIOR SPECIALTIES, INC.  DOCUMENT NUMBER: PO 4 000013464					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
DS INTERIOR SPECIAL TIE, INC					
AS INTERIOR SPECIALTIC, INC. Firm/ Company  238/ AChilles ST  Address					
Address  POIT Chailotte, FL 33980  City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Linoa Bablock at 941, 8/5-62/1  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					

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

## Articles of Amendment

to

## Articles of Incorporation

of

DS INTERIOR SOICI	Olties, INC:
	filed with the Florida Dept. of State)
P040000134	1604
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Tha
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P  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)	o". A professional corporation name must contain the A."
new registered agent and/or the new registered office address:	.0. –
Name of New Registered Agent	
(Florida stree	t address)
No. B wintmed Office the	. Florida
New Registered Office Address:(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing

address of each Officer (Attach additional sheet: Please note the officer/d P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note.	**************************************	Director being added: sary) le by the first letter of the office title: lt; T= Treasurer; S= Secretary; D= Director; TR- Financial Officer. If an officer/director holds mo for would be PTD. bllowing manner. Currently John Doe is listed as to corporation, Sally Smith is named the V and S. The	= Trustee; C = Chairman or Clerk; CE() = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	ı
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove	٧_	Donald J. Speck	2780 badger LN North port, FL 34286
2) Change Add Remove	<del>_</del>	Daniel M Speek	4704 San Louis Terr North Port, FL 34287
3 ) Change Add Remove			
4) Change Add Remove	<u>.</u>		
5) Change Add Remove			
6) Change Add			

	, if other than the
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: $\frac{10/20/2017}{(\text{no more than 90 days after amendment file date)}}$	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widecument's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by	
☐ 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	
Signature (By a director, president of other officer – if directors or officers have not been	<u> </u>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	 
Don Speck	
(Typed or printed name of person signing)	
(Title of person signing)	
	ı