05000033465

| (Req | uestor's Name |) |
|----------------------------|-----------------|-------------|
| | | |
| (Add | ress) | |
| | | |
| (Add | ress) | |
| | | |
| (City) | /State/Zip/Phor | ne #) |
| | | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Busi | ness Entity Na | me) |
| | | |
| (Doc | ument Number |) |
| | | |
| Certified Copies | Certificate | s of Status |
| | | |
| Special Instructions to Fi | ling Officer: | <u> </u> |
| Opeoid: instructions to 1 | mig Officer. | ł |
| | | |
| | | J |
| | | ļ |
| | | İ |
| | | 3 |
| | | |

Office Use Only



600059004486

09/13/05--01040--002 **35.00



C. Coulliette SEP 2 1 2005

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: S&MO DRYWA | ALL INC | • |
|---|---|-------------|
| DOCUMENT NUMBER: 0P05000033465 | | |
| The enclosed Articles of Amendment and | fee are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| SILVIA CERVANTES (Nam | ne of Contact Person) | Příd do Nyt |
| S & MO DRYWALL INC | | |
| | (Firm/ Company) | |
| 720 CELEBRATION AVE # 205 CELEBRATION, FL 34747 | (Address) | y Mad y |
| (City/ | / State/ and Zip Code) | |
| For further information concerning this matter | er, please call: | |
| SILVIA CERVANTES (Name of Contact Person) | at 619-666-4051 (Area Code & Daytime Telephone Number) | : |
| Enclosed is a check for the following amount | t: | |
| X \$35 Filing Fee Sertificate of Status | | tatus |
| <u>Mailing Address</u> Amendment Section | Street Address Amendment Section | |

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

| S & MO DRYWALL INC |
|---|
| (Name of corporation as currently filed with the Florida Dept. of State) |
| |
| P05000033465 |
| (Document number of corporation (if known) |
| |
| ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> |
| dopts the following amendment(s) to its Articles of Incorporation: |
| ITM CODDODATE MAKE (If also a local) |
| EW CORPORATE NAME (if changing): |
| |
| flust contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") |
| professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| MENDALENTO ADOPTED (OTHER THAN MAKE CHANCE) I I' (A VI) |
| MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) |
| nd/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>) |
| ANUEL O GARCIA-DIR (DELETED) 530 WATER ST, CELEBRETION FL 34747 |
| ANOLE O OAKOIA-DIK (DELETED) 636 WATER 51, OLEEDIKE HOW I'L 34747 |
| RTICLE II |
| |
| 0 WATER ST CELEBRATION FL 34774 (DELETED) |
| 20 CELEBRATION AVE # 205 CELEBRATION FL 34747 (ADDED) |
| S CELEBRATION AVE # 203 CELEBRATION PE 34747 (ADDED) |
| |
| |
| - S - |
| |
| |
| |
| |
| |
| (Attach additional pages if necessary) |
| |
| an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions |
| or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| |
| · |
| |
| |

(continued)

| The date of each amendment(| s) adoption: | 9/8/2005 | ٠ | 115 177 |
|---------------------------------------|---|--|--|------------------|
| Effective date if applicable: | 9/8/20 | 05 | g the state of the | |
| (| (no more than 90 days after | amendment file date) | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| <u> </u> | , , | he shareholders. The num /were sufficient for approva | | г |
| | must be separately pro | he shareholders through v vided for each voting group | | |
| "The number of v | otes cast for the amen | dment(s) was/were sufficie | ent for approval by | |
| | (1 | voting group) | , | |
| | was/were adopted by t tion was not required. | he board of directors witho | out shareholder actio | on . |
| X The amendment(s) shareholder action | | he incorporators without sl | hareholder action ar | nd |
| Signature By Signature | | icer - if directors or officers have ne hands of a receiver, trustee, of | | |
| SILVIA | CERVANTE\$ (Typed or printed | name of person signing) | <u></u> | all of adapts to |
| PRESID | DENT | | | _ |
| | (Title of | person signing) | | |