# P0700001796

(Re	equestor's Name)	,
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bi	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	lv



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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORP	ORATION:	DRYWIZARD DRYWALL SERVICES, INC.
DOCUMENT NUI	MBER:	P07000001796
The enclosed Articl	es of Amendment and	d fee are submitted for filing.
Please return all cor	respondence concern	ing this matter to the following:
_		JOSEPH SUSZKO
		Name of Contact Person
		ywizard Drywall Services, Inc.
_		Firm/ Company
		133 Lithia Pinecrest Road 361
_		Address
		Valrico, Florida 33596
_		City/ State and Zip Code
	Joe Sys 7 Ko 6 E-mail address: (R	be used for future annual report notification)
For further informa	tion concerning this n	natter, please call:
	oseph Suszko	at ( 727 ) 409-0228  Area Code & Daytime Telephone Number
Name o	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Statu	
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

#### **Articles of Incorporation**

of

## DRYWIZARD DRYWALL SERIVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P07000001796

(Document Number of Corporation (if known)

rporation:	The new "company," or "incorporated" or the
rd "corporation,"	
	" or "Co". A professional corporation the abbreviation "P.A."
<u>X</u> )	
	Florida, enter the name of the
······································	
(Florida street ac	ddress)
	, Florida
•	(Zip Code)
	nd accept the obligations of the position.
	office address:  (Florida street ad  (City)  istered Agent:

# 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Treas.	John Susko	S108 Sylvan Oaks Driv Valrico, Florida 33594 215 W. ACUPUL Pheontk, ARY	☐ Remove
	ing or adding additional Articles, ditional sheets, if necessary). (Be		
		·	
provision	endment provides for an exchang ns for implementing the amendment applicable, indicate N/A)		
	- uppricable, maleure 1471)		

The date of each amendment	(s) adoption: <u>Sept 5 th 2011</u>
	(date of adoption is required)
Effective daté <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by	,"
-,	(voting group)
action was not required.  The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)  (Fittle of person signing)