# P07000050236

(Re	equestor's Name)
(Ad	ldress)
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(Ad	ldress)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Bu	usiness Entity Name)
(Do	ocument Number)
Cartified Capies	Cortificator of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REYES DE	RYWALL CONS	TRUCTION INC		
DOCUMENT NUMB	D0700005022				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	condence concerning this mat	tter to the following:			
	Steven Cabrera				
-		Name of Contact Person	1		
	Cabrera Tax Associates LLC				
-		Firm/ Company			
-		Address			
	Ocala, FL 34476				
-		City/ State and Zip Code	e .		
stev	/e@cabreratax.co	om			
		sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Steven Cabre	era	at (352	, 291-1573		
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:		
□ \$35 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 Divi P.O.	iing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle		

### Articles of Amendment to Articles of Incorporation

REYES DRYWALL CONSTRUCTION	DN INC.
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
P07000050236	
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
	prporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8517 SW 136th Loop
(Principal office address <u>MUST BE A STREET ADDRES</u> :	Ocala FL 34473
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8517 SW 136th Loop
	Ocala Fl. 34473
D. If amending the registered agent and/or registered of	See address in Florida, output the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent Cabrera Ta	ax Associates LLC
	HWY 200 Suite 110
	Florida street address)
New Registered Office Address: Ocala	. Florida 34476
110 110 110 110 110 110 110 110 110 110	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				······································
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			·	
Add				
Remove				

attach additional sheets, if ne	cessary). (Be s	nter change(s) he	<del></del>	
		•		
<del></del>				
				,
f an amendment provides fo	or an exchange, i	reclassification,	or cancellation of	issued shares,
provisions for implementin (if not applicable, indica	g the amendmen ate N/A)	t if not containe	d in the amendme	nt itself:
	•			
	,			
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:		
date this document was signed.		
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 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"  (voting group)		
(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 09/03/2013		
Signature Moule	<del></del>	
(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)		
Marisol Reyes		
(Typed or printed name of person signing)		
President	<u></u>	
(Title of person signing)		