P10000061632

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: MMM DRYWALL	SERVICES INC	
DOCUMENT NUME	BER: P10000061632		
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Juan Carlos Alba		
		Name of Contact Person	
		Firm/ Company	
	MMM DRYWALL SERVICE	ES INC	
		Address	
	3792 Cypress Lake Drive Lak	te Worth, FL 33467	
		City/ State and Zip Code	:
	jcalba1968@gmail.com		
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Juan Carlos Alba		at (723-9819
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MMM DRYWALL SERVICES INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P10000061632		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: $ \vec{f}_{k} $	A	The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered." "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviatio professional corporation name must contain	on "Corp.,"
B. Enter new principal office address, if applicable: f_1 f_2 (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		7070 A
C. Enter new mailing address, if applicable: $N \mid A$ (Mailing address MAY BE A POST OFFICE BOX)		020 AUG 14 PH 4: 5
		PH
		- 5 5
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the 13 A	
Name of New Registered Agent		-
(Florida stree	et address)	-
New Registered Office Address:	, Florida	
(4	City) (Zip C	Tode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.	
Signature of New Reg	gistered Agent, if changing	-
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	<u> John Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	S		MARK A. ALBA ESCOBAR	3792 Cypress Lake Dr
X Add	-	_		Lake Worth, FL 33467
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			·	
Add				
Remove				
6) Change				
Add				
Remove				

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an amandment prov	ides for an exchang	ra ranlassification	or concellation of ice	ad shares at D	
provisions for implen	nenting the amendr	nent if not contain	or cancellation of issued in the amendment	itself:	
(if not applicable,	indicate N/A)				
					
		.		,	

.

The date of each amendment(s) date this document was signed.	doption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as t epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	for the amendment(s) was/were sufficient for approval
by	
selec	(voting group) Coling group)
	(Typed or printed name of person signing)
	President President
	(Title of person signing)