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PEPAR MENT OF STATE NAME AND CORPORATION FALL AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Typ Walls, Inc DOCUMENT NUMBER: P11000059633
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos J. Jugada Name of Contact Person
Orlando, Fl 39829
() Mando, FL 39829
City/ State and Zip Code
info @ gypwalls.com E-mail address: (to be used the future annual report notification)
For further information concerning this matter, please call:
Carlos f. Juegada at (787) 601 3372 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Felephone 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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of
Gua Wall Tro.
(Name of Corporation as currently filed with the Florida Dept. of State)
PU 0000 59 633

P11 0000 5	9633
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	465 Mailland ave. alternorte Spring, Fl 32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	465 Mailland Arc. Allamonte Spring, FL 39701
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent n/G	
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position
Signature of New Res	vistered 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 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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	h <u>n Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	<u>P</u>	Fernand. E. Quegada	PO. Bry 801015
Add			Coto Laurel, P.R. 0078
_X_Remove			
2) Change	P	Carlon J. Juegoda	6258 Westcott Core
<u> </u>			ONan D:, FL 39899
Remove			
3) Change			
Add			
Remove			
4) Change	 ,		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) her (Be specific)		
	<u> </u>		
11.1811.1-11.11			
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f an amendment provides for an exc	hange, reclassification, or	r cancellation of issued sh	ares.
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained	in the amendment itself:	
(y noi appricable, maetile 1874)			
			
			
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> ; (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 document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	:(8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s).	nent
"The number of votes east 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.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated fane 6, 2019 Signature Cr fr	
(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 co- appointed fiduciary by that (iduciary)	art
Carlos J. Jugada	
(Typed or printed name of person signing)	
President	
(Title of person signing)	