PII 000059633

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____GYPWALES INC DOCUMENT NUMBER: P11000059633 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm Company Address City/ State and Zip Code info@gypwalls.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call. Carlos Quezada at (787) 6013372

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filmg Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

to

GYP WALLS INC

OTP WALLS INC.	
	currently filed with the Florida Dept. of State)
P11000059633	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporal	ition:
GYPWALLS INC.	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(i)</u>
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·
	!
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
N/A	address:
Name of New Registered Agent	
aFle	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Now Donictored Agent's Signature if abancing Davistand	1 tours
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	niliar with and accept the obligations of the position.
Signature of	f New Registered Agent, if changing

Check if applicable

 $[\]square$ 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)

Example:

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	$\overline{\mathbf{bL}}$	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P.	Quezada, Fernando E	6258 WESTCOTT COVE BLV
Add X Remove			ORLANDO, FL 32829
Remove 2) Change	MGR	Carlos Quezada	1639 Smokey Oak Way
X Add			Longwood Fl., 32750
Remove 3.) X Change	MGR	Adriana Arguello	Altamonte Springs, Fl 32714
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	eles, enter change(s) here:	
	(we specific)	
N/A		
		
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		<u> </u>
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		,
F. If an amendment provides for an exch	ange, reclassification, or cancell	ation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the a	mendment itself:
N/A		
	•	
		4

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The date of each amendment(s) ac	109/24/2020 loption:	, if other than the
date this document was signed. 09/2	4/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this b	lock does not meet the applicable statutory filing requirement	
document's effective date on the Do		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame flicient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
	(voting group)	
Dated 2	24. 24. 2820	
178(00	1 24, 2000	
Signature	rector, president or/other officer - if directors or officers have r	oot hom
selected	I, by an incorporator – if in the hands of a receiver, trustee, or c	
appoint	ed fiduciary by that fiduciary)	
	Carlos Pregnela	
	(Typed or printed name of person sinning)	
	1713/2	
	fittle of person signing)	