(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

- TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: FENIX DRYWAL	L INC	
DOCUMENT NUM	P12000060339		
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	JOSE L MONTOYA		
		Name of Contact Person	1
	FENIX DRYWALL INC		
		Firm/ Company	
	1229 BERMUDA LAKE LN	APT 107	
		Address	
	KISSIMMEE, FL 34741		
		City/ State and Zip Cod	
	•		• • •
For further informat	ion concerning this matter, pleas	ed for future annual report	,
JOSE L MONTOY.		at (de & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Tele		de & Daytime Telephone Number	
Enclosed is a check	for the following amount made p	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)
A D P.	Iniling Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

CHI ETATION OF SHARE DIVISION AND LOCATIONS

Articles of Amendment to Articles of Incorporation

15 HOV 24 AM 9: 44

FENIX DRYWALL INC			
(<u>Name</u>	of Corporation as current	tly filed with the Florida	Dept. of State)
P12000060339			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	ioahla.		
(Mailing address MAY BE A POST		N/A	
D. If amending the registered egent or	id/ar registered office ode	luces in Florida, ontou th	a name of the
D. If amending the registered agent ar new registered agent and/or the ne			e name of the
Name of New Registered Agent	JOSE L MONTOYA	_	
Name of New Registered Agent	1229 BERMUDA LAKE	LN APT 107 .	
	(Florida s	reet address)	
New President LOW All	KISSIMMEE	, ,	34741
New Registered Office Address:		(City)	, Florida (Zip Code)
			• • •
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the oblig	ations of the position.
	Signature of Man.	Registered Agent if change	
	oreaute in New	REVINIEN AUENI II CHANG	////U

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	}
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	NATALIA GOMEZ	1229 BERMUDA LAKE LN
X Add			APT 107
Remove			KISSIMMEE, FL 34741
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 01			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
1	

11/13/2015	อเพียงเมื่อได้ เดื	DIVIS OF UC A COMESTA	
The date of each amendment(s) adoption:	15 NOV 24	if other than the	
date this document was signed.	13 404 54	MB 3: 44	
Effective date if applicable:			
(no more than 90 days a	fter amendment file date)		
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date	will not be listed as the	
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)		
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep			
"The number of votes cast for the amendment(s) was/were suffici	ient for approval		
by	"		
(voting group)	,		
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder		
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder		
DatedSignature			
(By a director, president or other officer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)			
JOSE L MONTOYA			
(Typed or printed name of	person signing)		
PRESIDENT			
(Title of perso	on signing)		