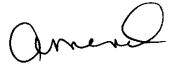
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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

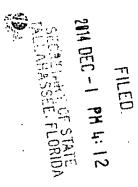
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MSR DRYV	WALL FINISH IN	C		
DOCUMENT NUMBI	P1300002262	4			
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
	RENE S ROSALE	ES			
_		Name of Contact Persor			
1	MSR DRYWALL FINISH INC				
_		Firm/ Company			
	2121 POLO CLUB DR APT 104				
		Address			
	KISSIMMEE, FL	34741			
		City/ State and Zip Code	2		
rene	erosales20034@g				
	E-mail address: (to be us	ed for future annual report	notification) .		
For further information	concerning this matter, pleas	e call:			
Rene S Rosa	les	at (407	922-3677		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [payable to the Florida Depa	urtment 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)		
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Cassee, FL 32301		

Articles of Amendment to Articles of Incorporation / of

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IVIOR.	DRY'	VVAL	\mathbf{n}		$\mathbf{H}\mathbf{N}\mathbf{C}$

FILED.

(Name of Corneration as aurmently filed wit	th the Florida Dent of State)
P1300022624	th the Florida Dept. of State 2114 DEC -1 PH 4: 12
(Document Number of Corpor	ration (if known) SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	2121 POLO CLUB RD # 104
(Principal office address MUST BE A STREET ADDRESS	KISSIMMEE, FL. 34741
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2121 POLO CLUB DR # 104
	KISSIMMEE, FL. 34741
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office and agent and/or registered office and agent and agent agent and agent	
Name of New Registered Agent	
<u> </u>	
	lorida street address)
(Fl	•
New Registered Office Address:	, Florida(City) (Zip Code)

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 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> Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DELMY H NOLASCO	4131 MISSION COURT # 2
Add			KISSIMMEE, FL. 34741
Remove			
2) Change	VP	MARIO A ROSALES	4131 MISSION COURT#2
Add			KISSIMMEE, FL. 34741
Remove			
3) Change	Р	RENE S ROSALES	2121 POLO CLUB DR #10
Add			KISSIMMEE, FL. 34741
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption: NOVEMBER 24, 2014	, if other than the
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_11/24/2014	
Signature	
(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)	
RENE S ROSALES	
(Typed or printed name of person signing) Pre Side Ota	_
(Title of person signing)	