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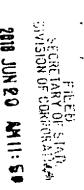
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SEVEN RAYS L		TION SERVICES, INC	
DOCUMENT NUMI	BER: P14000004410		<u> </u>	
The enclosed Articles	of Amendment and fee are si	ubmitted for tiling.		
Please return all corres	spondence concerning this ma	atter to the following:		
	BARAHONA, DELMY J			
		Name of Contact Persor	1	
	SEVEN RAYS DRYWALL	. & CONSTRUCTION SEI	RVICES, INC	
		Firm/ Company		
	142 CAMDEN RD	, ,		
		Address	-	
	PENSACOLA, FL 32534			
	-	City/ State and Zip Code		
delmy	y.guevara@outlook.com			
-	E-mail address: (to be u	sed for future annual report	notification)	
For further information	i concerning this matter, plea	702	332-7475	
Name of Contact Person		at (de & Daytime Telephone Number	
	the following amount made			
S35 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

SEVEN RAYS DRYWALL & CONSTRUCTION SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000004410

nt(s) to

(Docs	rument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendme
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp," "Inc," or "Co". A professional cor	The new corporated or the abbreviation reporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>OX</i>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the	name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent:	

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 D	<u>oc</u>			
X Remove	V	Mike Jo	Mike Jones			
X Add	<u>SV</u>	Sally S	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	secre	taı	GUEVARA, TRANSITO O	142 CAMDEN RD		
Add				PENSACOLA,FL 32534		
xx Remove						
2) Change	VP	_	GUEVARA HADDAD, DELMY J	142 CAMDEN RD		
Add		_		PENSACOLA,FL 32534		
xx Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
0 0						
6) Change						
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	-			
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f an amendment provides for an exch- provisions for implementing the amer	ange, reclassifica adment if not con	tion, or cancella tained in the an	<u>tion of issued s</u> iend <u>ment itself</u>	hares,	
(if not applicable, indicate N/A)					
				 -	

	06/15/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Ut Effective date <u>if applicable</u> :	6/16/2018	
Theetive date in apparent.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/15/20 Dated)18 	
	elmy J. Barahona	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	BARAHONA, DELMY J	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	