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TO: Amendment Section Division of Corporations		-
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NAME OF CORPORATION: TRAVIS REED D	RYWALL INC	
DOCUMENT NUMBER: P15000035368		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
WILLIAM T REED		
	Name of Contact Persor	
	Firm/ Company	
14350 SE 144TH AVE		
	Address	
WEIRSDSALE, FL 32195		
	City/ State and Zip Code	2
OLSONINS@YAHOO.COM		
_	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
WILLIAM T REED	at (<u>352</u>	_) 638-4985
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

15 AUS 17 AH 5: 02

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TRAVIS REED DRYWALL INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000035368	TALLAHASSEE, PLOA
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," (Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered of fice address: 	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address
	,
New Registered Office Address: (C	, Florida
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit.	h and accept the abligations of the position
with the second separation as regime to agent. I unijumina with	is and accept the congulations of the position.
Signature of New Reg	istered 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: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	GREGORIO GARCIA LOPEZ	14350 SE 144TH AVE
X Add			WEIRSDALE, FL 32195
Remove			
2) Change	D	JOSE MANUEL MARTINEZ	14350 SE 144TH AVE
X Add			WEIRSDALE, FL 32195
Remove			
3) Change,			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
▼ Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
	<u></u>
an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
4.4	

The date of each amendment(s) addate this document was signed.	doption:	_, if other than the
Effective date if applicable:		
Effective date it appreade.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/14/15 Dated		
Signature 2	Ellian 1/2ced	_
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	WILLIAM T REED	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	