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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: DRYWALL SERV	/ICES & SOLUTIONS, I	NC
DOCUMENT NUM	P15000085027		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUAN SANTOS		
	-	Name of Contact Perso	n
	DRYWALL SERVICES & S	SOLUTIONS INC	
		Firm/ Company	
	2508 TANNER TER		
		Address	
	KISSIMMEE, FL 34741		
		City/ State and Zip Cod	le
JUA	NSANTOS19@GMAIL.COM	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JUAN SANTOS		321	697-8045
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	☐S43.75 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		Amen Divisi Cliftor	Address  dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

DRYWALL SERVICES & SOLUTIONS, INC

2011	AHC	27	D	1	5
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(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P15000085027	SECRETARM OF STATE TAIL ARA SCEPT PLOPER
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the liation "P.A."
B. 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)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
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>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARIA M GRULLON	2508 TANNER TER
Add			KISSIMMEE, FL 34741
X Remove			
2) X Change	PT	JUAN SANTOS	2508 TANNER TER
Add			KISSIMMEE, FL 34741
Remove			
3 ) Change			
Add			
Remove			<u> </u>
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
		<del></del>	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  ((j'not applicable, indicate N/A)	If amending or adding additional A Attach additional sheets, if necessary	y). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the a	mendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	)
	(y not approximation)	'

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
JULY <b>2</b> 8, 20 Dated	15.	_
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
J	UAN SANTOS	
_	(Typed or printed name of person signing)	
V	ICE-PRESIDENT	
<del>-</del>	(Title of person signing)	