P17000006100

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TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: SUPERIOR STUCE	CO GROUP INC		
DOCUMENT NUM	RATION: SUPERIOR STUCK	00100		_
	of Amendment and fee are sub			
Please return all corre	spondence concerning this mat	ter to the following:		
	ROGELIO PEREZ			
		Name of Contact Person		
	SUPERIOR STUCCO GROL	JP, INC.		
		Firm/ Company		
	14590 BRIAR LANE			
	<u> </u>	Address		
	FORT MYERS, FLORIDA 3	3913		
		City/ State and Zip Code		
	OOFICE@SUPERIORSTUC			2022 JUL 19
	~		notification)	_ 54 _ 🚊
	E-mail address: (to be us	ed for future annual report	notification)	. I
For further informati	on concerning this matter, pleas	se call:		
CRISTINA PEREZ		at (887-0226	고 - - - -
Namo	of Contact Person	Area Co)de & Daytime Telephone }	lumber 🗢
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite	810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation

SUPERIOR STUCCO GROUP INC		1. 6
(Name of Corporati	on as currently filed with the Florida Dep	
P17000006100		
(Docum	nent Number of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation as	dopts the following amendment(s
. If amending name, enter the new name of the co	orporation:	
		The new
ame must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	" or "Co". A professional corporation n	or the abbreviation "Corp.," name must contain the word
8. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
τ		
. If amending the registered agent and/or register		me of the
Name of New Registered Agent	office address:	
rume of New Registeres rigent		
•	(Florida street address)	
New Registered Office Address:		_, Florida
I I I	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.	ristered Agent: I am familiar with and accept the obligation	ns of the position.
Ciern	nature of New Registered Agent, if changing	
Sign	and of new negmered agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	GABRIEL REA	119 PADDOCK STREET
<u>↓</u> Add	:		LEHIGH ACRES FL 33974
Remove			
2) Change		_	
Add	 		
Remove 3) Change			
Add	1		
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			

tach additional sh	neets, if necessary).	(Be specific)			
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					··-
					
	<u> </u>		<u> </u>		
					
		 -			
					
					
an amendment p	provides for an excha plementing the amen	inge, reclassific	ation, or cancella	<u>tion of issued shar</u> sendment itself:	<u>'es.</u>
(if not applica	ble, indicate N/A)	111111111111111111111111111111111111111			
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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
7/18/2022
Dated
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)
ROGELIO PEREZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)