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(((H240003381853)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAMACHO & ASSOCIATES LLC

Account Number : I20220000154 Phone

: (323)453-5446

Fax Number

: (407)350-5660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LETEGENE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN JME DRYWALL, INC.

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J. HORNE

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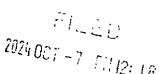
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		COVER LETTE	Ř
TO: Amendment Section Division of Corp.			
NAME OF CORPOR	RATION: JME DRYWALL	INC.	
DOCUMENT NUME	BER: P17000022573	<u> </u>	
The enclosed Articles	of Amendment and fee are si	ibmitted for filing.	
Please return all corres	pondence concerning this me	atter to the following:	
	LAURA E. ESPINOZA		
•		Name of Contact Per	\$0II <sup>-</sup>
	IME DRYWALL, INC.		
		Firm/Company	
<u>.</u>	20 S ROSE AVE SUITE 4		
<u>:</u>	KISSIMMEE, FL 34741	Address	
	- <del></del>	City/ State and Zip Co	ode
1	LEJEGÈNE@YAHOO.COM	<b>.</b>	
-	E-mail address: (to be us	sed for future annual repo	ort notification)
For further information	concerning this matter, please	se call:	
LAURA E. ESPINOZ	A	407	
Name o	f Contact-Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for	the following amount made j		_
■ \$35 Filling 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)
Amen Divisi P:O. I	ng Address dment Section ion of Corporations Box 6327 hassee, FL 32314	Amer Divis The 0 2415	t Address adment Section ion of Corporations Centre of Tallahassee N: Monroe Street, Suite 810 hassee, FL 32303

## Articles of Amendment Articles of Incorporation of.



JME DRYWALL INC.	2024 OST -7 Fil 12: 18
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000022573	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida 8 ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the cor	poration;
Ome must be dissinguishable at a second	The new
Inc.," or Co.," or the designation "Corp." "Inc.," chartered;" "professional association;" or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word latton "P.A."
Enter new principal office address; if applicable:	20'S ROSE AVE.
Principal office address. MUST BE A STREET ADDR	RESS) SUITE 4
	KISSIMMEE, FL 34741
Enter new malling address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered new registered agent and/or the new registered off	d office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regist	tored Agent
ereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
- Clay at a	and of Main Bootsenad do not if all its
Signatu	re of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

(Aitach 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> <u>John</u>	n Dos	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change			
Add			
Remove			
2) Change			<u> </u>
Add			
Rémove 3)Change	· ·		
Add	•		
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change	<del></del>		
Add			
Remove			<b>4</b>
n Change			
Ådd			
Řemove			

	icles, enter change(s) here: (Be specific)
tovisions for implementing the amend	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of ea	ch-amendment(s) adoption:
Effective date	10/04/2024
	(no more than 90 days after amendment file date)
Note: If the dedocument's effe	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ective date on the Department of State's records.
Adoption of A	mendment(s). (CHECK.ONE)
The amendar action was n	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder or required.
☐ The amendm by the share	tent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
The amendm	ent(s) was/were approved by the shareholders through voting groups. The following statement trately provided for each voting group entitled to vote separately on the amendment(s):
"The m	umber of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	10/04/2024 Dated
	Signature Can Control of the Control
	(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)
	LAURA ESPINOZA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)