P1700066935

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GARCIA DRY	WALL INC
DOCUMENT NUMBER: P17000066935	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning th	s matter to the following:
ROBERTO GONZALEZ	
TAXSMART ACCOUNT	Name of Contact Person ING SERVICES LLC
	Firm/ Company
6653 Powers Ave Ste 1	36 1
JACKSANVILLE, FL 32	Address 217
	City/ State and Zip Code
 - TAXSMARTCORP@GMAIL.	ОМ
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	please call:
ROBERTO GONZALEZ	at (733-0027
Name of Contact Person	Area Code & Daytime Telephone Number
	nade payable to the Florida Department of State;
\$35 Filing Fee	
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 to Articles of Incorporation of

GARCIA DRYWALL INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
O/ 「1,0000eee32	
(Document Number of	of Corporation (if known)
Burguest to the apprinions of section 607 1006 Florida Statute a thir	The state of the Control of the Cont
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s <i>Ptoriaa Proju Corporation</i> 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 word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5137 SPRING GLEN RD
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5137 SPRING GLEN RD
	JACKSONVILLE, FL 32207
	<u></u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
TAXSMART ACCOUNTIN	NG SERVICES LLC
6653 Powers Ave Ste 130	
(Florida st	treet address)
New Registered Office Address: JACKSONVILLE	Florida 3221 R
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
Thereby accept the appointment as registered agent. I am familiar	u. with and accept the obligations of the position.
Signature of Man.	Registered Agent, if changing
Signature of New	negisterea rng ent, ij enunging

If amending the Officers address of each Officers (Attach additional sheets,	and/or E	Director bein		Micer/director being removed and title, name, and
Please note the officer/dir				
P = President; V = Vice t	Presiden	ı: T= Treasu	rer: S= Secretary: D= Director: 1	TR = Trustee; $C = Chairman or Clerk$; $CEO = Chief$
				nore than one title, list the first letter of each office
held. President, Treasure.				
a change, Mike Jones lea	ves the c	corporation,	Sally Smith is named the V and S. 7	is the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change.
Mike Jones, V as Remove Example:	, ana sai	uy əmuu, əv	us an Add. 	
X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smit	 	
Type of Action (Check One)	Title	N	ame	<u>Addres</u> s
1) X Change	P	_ L	UIS A GARCIA BENITEZ	5137 SPRING GLEN RD
Add				JACKSONVILLE, FL 32207
Remove				
2) Change	VP	_ L	 UIS A GARCIA RUBI !!	5137 SPRING GLEN RD
X Add				JACKSONVILLE, FL 32207
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		 _		
Add				

___ Remove

If amending or adding additional Arti	scies, enter change(s) nere:
Attach additional sheets, if necessary).	(Be specific)
	Til
-	
	1
	W
	nange reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	
	11.
	

	AUGUST 31, 2017		
The date of each amendment(s) adop date this document was signed.	tion:	, if other t	than the
Effective date if applicable:	(no more than 9	90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applitunent of State's records.	icable statutory filing requirements, this date will not be listed	d as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopte by the shareholders was/were suffic		he number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approving the separately provided for each	ved by the shareholders thr ch voting group entitled to	rough voting groups. The following statement over separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/we	ere sufficient for approval	
by			
	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors	s without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators with	thout shareholder action and shareholder	
AUGUST 08 Dated	, 2017/		
Signature			
(By a direc selected, b		icer – if directors or officers have not been he hands of a receiver, trustee, or other court y)	
ŁU	 IIS A GARCIA BENITEZ		
	(Typed or printed	name of person signing)	
PR	RESIDENT		
	(Title	e of person signing)	