

PI8000027802

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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I ALBRITTON

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GL Finish Drywall, Inc  
DOCUMENT NUMBER: P18000027802

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Guzman  
Name of Contact Person  
GL Finish Drywall, Inc  
Firm/ Company  
6615 US 19 N.  
Address  
Terra Ceia FL 34250  
City/ State and Zip Code  
glfinishdrywallinc@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Guzman at (941) 779-4357  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee  
☐ \$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

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2019

ERICA GUZMAN  
6615 US 19 N  
TERRA CEIA, FL 34250

SUBJECT: GL FINISH DRYWALL, INC.  
Ref. Number: P18000027802

We have received your document for GL FINISH DRYWALL, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

Please complete/submit the document in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 919A00007138

RECEIVED

2019 APR 29 PM 3:34



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2019

ERICA GUZMAN  
GL FINISH DRYWALL, INC.  
6615 US 19 N  
TERRA CEIA, FL 34250

SUBJECT: GL FINISH DRYWALL, INC.  
Ref. Number: P18000027802

We have received your document for GL FINISH DRYWALL, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00005546

RECEIVED

2019 APR -8 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FL

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

GL Finish Drywall, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000027802

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

2018-11-03 11:10:07

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

2018-11-03 11:10:07

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Erika Szymanski  
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.

Example:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |               |                    |                            |
|--|---------------|--------------------|----------------------------|
| 1) <input type="checkbox"/> Change         | <u>V</u>      | <u>Juan Guzman</u> | <u>P.O. Box 25</u>         |
| <input type="checkbox"/> Add               |               |                    | <u>Terra Cia, FL 34254</u> |
| <input checked="" type="checkbox"/> Remove |               |                    |                            |
| 2) <input type="checkbox"/> Change         | <u>      </u> | <u>      </u>      | <u>      </u>              |
| <input type="checkbox"/> Add               |               |                    |                            |
| <input type="checkbox"/> Remove            |               |                    |                            |
| 3) <input type="checkbox"/> Change         | <u>      </u> | <u>      </u>      | <u>      </u>              |
| <input type="checkbox"/> Add               |               |                    |                            |
| <input type="checkbox"/> Remove            |               |                    |                            |
| 4) <input type="checkbox"/> Change         | <u>      </u> | <u>      </u>      | <u>      </u>              |
| <input type="checkbox"/> Add               |               |                    |                            |
| <input type="checkbox"/> Remove            |               |                    |                            |
| 5) <input type="checkbox"/> Change         | <u>      </u> | <u>      </u>      | <u>      </u>              |
| <input type="checkbox"/> Add               |               |                    |                            |
| <input type="checkbox"/> Remove            |               |                    |                            |
| 6) <input type="checkbox"/> Change         | <u>      </u> | <u>      </u>      | <u>      </u>              |
| <input type="checkbox"/> Add               |               |                    |                            |
| <input type="checkbox"/> Remove            |               |                    |                            |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. 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:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 4/4/19  
(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 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/4/19  
Signature [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)

John Enema  
(Typed or printed name of person signing)

Vice President  
(Title of person signing)