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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SWP DRYWALL	CORP		
DOCUMENT NUMB	ER: P18000050203			
The enclosed Articles of	f Amendment and fee are su	ibmitted for fil	ing.	
Please return all corresp	ondence concerning this ma	itter to the follo	owing:	
,	YOLANDA PORTILLO			
_		Name of C	ontact Perso	n
5	SWP DRYWALL CORP			
-		Firm/	Company	
ć	6633 NATHAN DR S			
_		Ad	dress	
J	JACKSONVILLE FL 32216	ì		
_		City/ State	and Zip Cod	c
yoland	aortiz000@gmail.com			
<u>-</u>	E-mail address: (to be us	sed for future a	nnual report	notification)
			•	
For further information	concerning this matter, plea-	se call:		
YOLANDA PORTILL	О	at I	904	536-3413
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the	Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	ng Address			Address
	dment Section ion of Corporations	Amendment Section Division of Corporations		
	3ox 6327			Building
	nassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

QWP.	DRYWALL	CORP

	of Corporation as currentl	y filed with the Florida Dept.	of State)		
P18000050203					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation add	opts the following	amendmer	n(s
A. If amending name, enter the new na	ame of the corporation:				
			,	The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." or "	Co". A professional corporat			
B. Enter new principal office address,	if applicable:	6633 NATHAN DR S			
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 3221	16		
				55	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6633 NATHAN DR S	27 C	N 13	1
		JACKSONVILLE, FL 3221	6 <u>11</u>	强 ————————————————————————————————————	כ
			Silv.	 చి	
D. If amending the registered agent an new registered agent and/or the new			e of the		
Name of New Registered Agent	YOLANDA PORTILLO				
	6633 NATHAN DR S				
	(Florida str	vet address)			
New Registered Office Address;	JACKSONVILLE		Florida 32216		
		(City)	(Zip Ca	de)	

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.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PRES	WILLIAM G PORTILLO	5633 NATHAN DRIVE S
Add			JACKSONVILLE, FL 32216
X Remove			
2) Change	PRES	YOLANDA PORTILLO	6633 NATHANDRIVE S
X Add			JACKSONVILLE, FL 32216
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

Attach ado	ng or adding additional Art ditional sheets, if necessary).	(Be specific)			
	7.7.				
			<u> </u>		
IC		h			_
provision	ndment provides for an exc as for implementing the amo	nange, rectassines endment if not cor	nion, or cancenaus	on or issueu snare ndment itself:	7
(if no	ot applicable, indicate N/A)				
			-	• •	
			<u> </u>	····•	
			 		

	11/07/2018	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.		
	1/07/2018	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharel	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholde	er
11/07/2 Dated	018	
Signature	Manda Pottlo	
	a director, president or other officer – if directors or officers have not b	
	cted, by an incorporator — if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	court
	YOLANDA PORTILLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Property of the second