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SECRETARY OF STATE

C GOLDEN

JUL - 6 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: OMB DRYWALL	INC			
DOCUMENT NUMB	ER: P18000053544				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
1	MATIAS I BIAVA MUNOZ	1			
_		Name of Contact Person	1		
	DBM DRYWALL INC				
_		Firm/ Company			
:	2601 NW 16ST ROAD APT	311			
_	Address				
i	MIAMI FL 33125				
-		City/ State and Zip Cod	e		
MATI	GBIAVA@ICLOUD.COM				
	_	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MATIAS I BIAVA MUNOZ		786	381-0660		
Name of Contact Person		Area Co	de & 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	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

*

OMB DRYWALL INC

2018 JUL -2 PM 2: 12

(Name o	of Corporation as currently	filed with the Florida Dept. of State
P18000053544		filed with the Florida Dept. of Stats ECRETARY OF STAT
	(Document Number of	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
DBM DRYWALL INC		The new
	iation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation To". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	REMAINS THE SAME
Principal office address MUST BE A S		
C. Enter new mailing address, if appli	icable:	DEMAINS THE CAME
(Mailing address MAY BE A POST)		REMAINS THE SAME
 If amending the registered agent an new registered agent and/or the new 		
	REMAINS THE SAME	
<u>Name of New Registered Agent</u>		
	REMAIN THE SAME	
	(Florida stre	et address)
New Registered Office Address:		, Florida
	((Zip Code)
New Registered Agent's Signature, if c	hunging Degistered Agents	
		ith and accept the obligations of the position.
	, ,	
	Signature of New Re	egistered 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:	, ana sai	ay Smun, Sv as an Ada.	
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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Att	nending or adding additional Articles, enter change(s) here: .ch additional sheets, if necessary). (Be specific)
	. · ·
	<u> </u>
<u>lf a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s)	06-20-2018 ' · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.		
06	-13-2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
06-20-20 Dated	18	
Signature		_
• •	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	MATIAS I BIAVA MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	