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R. WHITE SEP 18 2018

2018 SEP 10 AM 9: 42

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHICHI DRYWA	ALL INC	
DOCUMENT NUM	BER: P18000071936		
The enclosed Articles	of Amendment and fee are si	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	LEDIS M PADRON		
	CHICHI DRYWALL INC	Name of Confact Perso	n
		Firm/ Company	
	1809 W SAINT ISABEL S		
	TAMPA, FL 33607	Address	
		City/ State and Zip Cod	e
MIRT	THAPADRON31@GMAIL.C		
		sed for future annual report	potification)
	· ·		
For further information	n concerning this matter, pleas	se call:	
DAVID APONTE		813 at (400-0167
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made I	payable to the Florida Depa	artment of State:
■ \$35 Filing 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)
Ame Dívi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ihassee FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP LO AM O. L.2

CHICHI DRYWALL INC		2010 SET 10 AM 3: 42
(<u>Name</u>)	of Corporation as currently	filed with the Florida ISSCRESTATE TALL AHASSEE, FL
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
"Corp.," "Inc" or Co.," or the design	nation "Corp." "Inc." or "C	The new "company," or "incorporated" or the abbreviation or A professional corporation name must contain the
word "chartered," "professional associa	ition," or the abbreviation "F	t.a. "
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addre w registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	LEDIS M PADRON	
	1809 W SAINT ISABEL S	т
	(Florida stree	t address)
New Registered Office Address:	TAMPA	. Florida
	10	City) (Zip Code)
New Registered Agent's Signature, if c	tered agent. I am familiar wi	th and accept the obligations of the position.
	Signature of New Res	zistered 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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	LEDIS MIRTHA	1809 W SAINT ISABEL ST
Add			TAMPA, FL 33607
Remove 2) Change	Р	LEDIS M PADRON	1809 W SAINT ISABEL ST
X Add			TAMPA, FL 33607
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)		
	.		
			
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	,	· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shar	<u>es.</u>
rovisions for implementing the ame (if not applicable, indicate N/A)	nament ii not contained in t	ne amendment usen:	
 .			

The date of each amendment(s) ac	option:, if other than t
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	oted by the incorporators without shareholder action and shareholder
08/27/201 Dated	
Signature	-LA.
(By a c	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)
	LEDIS MIRTHA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)