P19000072077

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FL

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JAN 11 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ALL DRYWALL AND PAINTING, INC DOCUMENT NUMBER: P19000072077 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DIEGO J MATOS** Name of Contact Person ALL DRYWALL AND PAINTING. INC Firm/ Company 2575 SW 27TH AVE APT 408 Address MIAMI, FL 33133 City/ State and Zip Code Dg_matos@yahoo.com.mx E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 780-0971

Area Code & Daytime Telephone Number HIDAI MIGENES Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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

ALL DRYWALL AND PAINTING, INC

P19000072077 (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: ALL FLORIDA GLOBAL SERVICES, INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain to "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent

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

New Registered Office Address:

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

(Florida street address)

(City)

Florida

(Zip Code)

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)

N/A

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	
\underline{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
1) Change			
Add			
Remove			2019 DEC SECREMALLE
2) Change		-	RETURN
Add			AARIYASI
Remove 3) Change			-9 PMI2: 49 NHASSEE FL
Add			FL FL
Remove			
4) Change			
Add			<u> </u>
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5) Change			
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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)		
	_	
Page 3 of 4		
he date of each amendment(s) adoption:ate this document was signed.	, i	f other tha
factive data if applicable.		

(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 a by the shareholders was/were	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 ca	st for the amendment(s) was/were sufficient for approval		
by	<u>, , , , , , , , , , , , , , , , , , , </u>		
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder		
Dated 12/05	/2019	38 2	
Signature	Diego ntala.	9 DEC CRET FALLS	a strategy
(By a selec	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)	2019 DEC -9 PH 12: 49 SECRETARY OF STATI TALLAHASSEE, FL	
	DIEGO J MATOS	ST/ E, F	;
	(Typed or printed name of person signing)	THE SE)
	PRESIDENT		
	(Title of person signing)		