## PZO 000056415

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## COVER LETTER

Division of Corporations	
NAME OF CORPORATION: JD Building Supp	оју Согр
DOCUMENT NUMBER: P20000056415	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Dorian Duron	
JD Building Supply	Name of Contact Person
11922 Sw 176 Terr	Firm/ Company
Miami, FL 33177	Address
Donan@JDBuildingSupply	I V
E-mail address: (to be in the first state of the fi	used for future annual report notification) ase call:
Dorign Dron	at ( 786 ) 357-898
Name of Contact Person  Enclosed is a check for the following amount made	Area Code & Daytime Telephone Number
	_
\$35 Filing Fee & Certificate of Status	, <u> </u>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of JD BUILDING SUPPLY CORP (Name of Corporation as currently filed with the Florida Dept. of State) JD BUILDING SUPPLY CORP (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: NOT APPLICABLE 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." NOT APPLICABLE B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: NOT APPLICABLE (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: NOT APPLICABLE Name of New Registered Agent (Florida street address) NOT APPLICABLE 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. Signature of New Registered Agent, if changing Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

ii amenung the Officers	, which of	Directors, enter the title and nam	c of each officer/director being removed and title, name, and
address of each Officer a			
(Attach additional sheets,			
Please note the officer/dir	ector title	by the first letter of the office title:	
			Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO =	Chief Fi	nancial Officer. If an officer/directo	or holds more than one title, list the first letter of each office held.
President, Treasurer, Dire	ector woi	ild be PTD.	
Changes should be noted	in the fol	lowing manner. Currently John Do	e is listed as the PST and Mike Jones is listed as the V. There is
			e V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, $V$ as Remove,	and Sall	y Smith SV as an Add	or all a service district of force and other poor, it is a service,
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Example:	DOT	1-1- D	
X Change	PT	John Doe	
		li i i	
X Remove	<u>V</u>	Mike Jones	
		11 B	
X Add	<u>SV</u>	Sally Smith	
<del></del>			
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)	1745	E 1	CAMILES.
(CIRCK OIRC)		\` <b>\</b>	
	P	Rodriguez Julio	11922 Sw 176 Terr
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X Remove		<b> -  </b>	
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2) Change	P	Julio Rodriguez	11922 Sw 176 Terr
Change		- <del>                                     </del>	
X		i l	Miami, FL 33177
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Remove			
3) Change	****		
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E. If amending or adding additional Articles	   en	ter <b>c</b>	hange(s) here:
(Attach additional sheets, if necessary). (h	se sp	ecifi	(c)
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F. If an amendment provides for an exchange		eclar	sification or cancellation of issued shares
F. If an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	nent	if n	of contained in the amendment itself:
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N/A	<u> </u>	_	
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	N.		

8/27/2020 if other than the
The date of each amendment(s) adoption:, if other than the date this document was signed
8/27/2020
Effective date if applicable:
tho more than 30 days after amenanem fire dates
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 incorporators, or board of directors without shareholder action and shareholder action was not required.
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"
Dated 8/27/2020 Signature Aprilia, Numbr
(By a director, president or other officer if directors or officers have not been
selected, by an incorporator if if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Dorian Duron
(Typed or printed name of person signing)
Vice President
(Title of person signing)