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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SAN JUAN HAND	DYMAN OF SW FL INC			
DOCUMENT NUMB	ER: P22000077326				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JESUS SAN JUAN JOSE				
•	Name of Contact Person				
	Firm/ Company				
	4647 19TH PL SW APT A				
•		Address			
	NAPLES, FL 34116				
		City/ State and Zip Code			
	CGPSSERVICES@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
JESUS SAN JUAN JO	OSE	at ()		
Name of Contact Person			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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CAN WANDRAWALL OF OUR FLOYO

SAN JUAN DRY WALL OF SWIFL INC	a ac aurrently Gi	ed with the Florida Dep	t of Stata	
P22000077326	on as currently in	ed with the Florida Dep	it. or state)	
(Docum	ent Number of Co	rporation (if known)	_	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Floo</i>	rida Profit Corporation a	dopts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	rporation:			T1
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A pr			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	- <u>x</u>) _			
D. If amending the registered agent and/or register new registered agent and/or the new registered of		in Florida, enter the na	me of the	
Name of New Registered Agent			<u></u>	_
	(Florida street c	address)	.	_
New Registered Office Address:			_, Florida	
	(Cit	v)	(Zip	Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		and accept the obligation	ns of the position.	
Signa	uture of New Regis	tered Agent, if changing		_
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nit <u>h</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icies, enter change(s) here: (Be specific)
CHANGE BUSINESS NAME	
	
<u></u>	
	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(5)	
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·
(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shat action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follo must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by ."	
by	
10/14/2022 Dated	
Signature JESUS Santver	
(By a director, president or other officer – if directors or officers ha selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
JESUS SAN JUAN JOSE	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)

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