## P2300037389

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: SUPREME MULT	TSERVICES DRYWALL	CORP			
DOCUMENT NUMBE	P23000037389					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	itter to the following:				
C	GINA DEBEIS					
_		Name of Contact Person	<u> </u>			
S	SUPREME MULTISERVICES DRYWALL CORP					
<del>-</del>	·	Firm/ Company				
2	53 LAS BRISAS CIR					
_		Address				
C	RLANDO, FLORIDA 333	26				
<del>-</del>	<del></del> -	City/ State and Zip Cod	e			
ę	uprememultidrywall@gmai	l com				
	• •	sed for future annual report	notification)			
For further information GINA DEBEIS	concerning this matter, plea	se call: at (	<b>.</b> 709-2963			
Name of	Contact Person	at ( Area Co	de & Daytime Telephone Number			
	the following amount made					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 uassee, FL 32314	Amend Division The C 2415 I	Address irnent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## Articles of Amendment Articles of Incorporation of

FILED 2023 SEP 29 AM 11: 21 CESARY CESTALE

SUPREME MULTISERVICES DRYWALL CORP	र विकास करा है। विकास करा कि विकास करा है।
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
P23000037389	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp, "or the abbreviation" or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word 1 "P.A."
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	()
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Manual Carrotte Carr	
). If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
1	
——————————————————————————————————————	orida street address)
<i>t.</i>	57 ma 50 cor and cosy
New Registered Office Address:	, Florida
	(City) (Zip Code)
low Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	
nereby accept the appointment as registered agent. I am ju	imiliar with and accept the obligations of the position.
f	Y.
Signature	f New Registered Agent, if chapging
) Signature of	then Vegmenen vigent it curiting
Check if applicable	1
☐ The amendment(s) is/are being filed pursuant to s. 607.012	20 (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	PŢ	John De	<u>oe</u>				
X Remove	¥	Mike Jo	ones				
_X Add	<u>\$V</u>	Sally S	mith				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change	AMBR	<u>.                                    </u>	ALICIA ROSAS			5276 SEMINOLE AV	E
X Add		_				WINTER PARK, FL 3	2792
Remove							
2) Change							<del>_</del>
Add							<u></u>
Remove 3) Change		_	·				
Add							
Remove							<u>.</u>
4) Change		_					
Add							
Remove							
5) Change							
Add							
Remove							<del></del>
6) Change		_		<u>.</u>	<del></del>		
Add							
Remove				,	}		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<u> </u>	
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndinent it not contained in the amendment itself:
<del></del>	

•

	) adoption:	, if other than the
date this document was signed.		
Essective date if applicable:		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing reque Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for e sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		,
	(voting group)	
SEPTE Dated	MBER 26 , 2023	
Signature	Gines Dobais	<u>.</u>
(By sele	a director, president or other officer – if directors or officer ected, by an incorporator – if in the hands of a receiver, trus ointed fiduciary by that fiduciary)	
	GINA DEBEIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. .