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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: SUPREME MULT	ISERVICES DRYWALL	CORP		
	BER: P23000037389				
	s of Amendment and fee are su	bmitted for filing.			
Please return all com	espondence concerning this ma	tter to the following:			
	GINA I. DEIBIS DE FIGUE	ROA			
	Name of Contact Person				
	SUPREME MULTISERVICES DRYWALL CORP				
	Firm/ Company				
	253 LAS BRISAS CIR				
	Address				
	WESTON, FLORIDA 33326				
	City/ State and Zip Code				
	SUPREMEMULTIDRYWA	LL@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
GINA DEIBIS		954 at (	709-2963		
Name of Contact Person		Алеа Со	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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SUPREME MULTISERVICES DRYWALL CORP

SOFREME MOLITSERVICES DRIWALL CORP		
(Name of Corporation	on as currently filed with the Flor	rida Dept. of State) F 3 1 3 7 1
23000037389		The state of the s
(Docum	nent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
ame 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 professional corpu	porated" or the abbreviation "Corp.," pration name must contain the word
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>)</b> Yı	
(Maring dadress MAT BL A TOST OX FACE BO	<u></u>	
	<del></del>	<del></del>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	,	
iew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		phligations of the position.
	,	
Signe	ature of New Registered Agent, if cl	hanging

Check if applicable

<sup>☐</sup> 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)

Example:

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
Title	Name	<u>Addres</u> s
AMBR	ALICIA ROSAS	5276 SEMINOLE AVE
		WINTER PARK, FL 32792
	⊻ <u>Ş</u> V Title	V Mike Jones   SV Sally Smith   Title Name

	(Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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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 du	ite)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requiremed partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amenda	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
SEPTEN Dated	ИВЕR 3RD, 2024	
Signature 6	ina Dibis De Figueroa	
selec	director, president or other officer – if directors or officers had ted, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	
	GINA DEIBIS DE FIGUEROA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of corresponding)	· · · · · · · · · · · · · · · · · · ·