## PD9000001931

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ddress)            | ·           |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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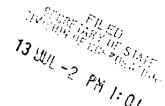
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Mame Ch 8 (1a, n, 9, 13)

## COVER LETTER

| TO: Amendment Section Division of Corporation |  |   |                                  |  |
|---|--|---|----------------------------------|--|
| NAME OF CORPOR                                | AATION: G & Y SER  | VICES INC   |                                  |  |
| DOCUMENT NUMB                                 | <sub>ER:</sub> P0900006793   | 1   |                                  |  |
|   | of Amendment and fee are su  |   |                                  |  |
| Please return all corres                      | pondence concerning this ma  | tter to the following   | ;                                |  |
|   | A  | MOEDO, YA   | AMIR                             | Α  |
| •   |  | Name of Contac  | t Person                         |  |
|   | 1541   | Firm/Comp   | •                                | Н  |
|   | 1041   | Address   |                                  |  |
|   | N  | ліАМІ, FL 3   | 3194                             |  |
| •   |  | City/ State and Z   | Zip Code                         |  |
| yan   | nira35@hotmail.c   | om  |                                  |  |
| <del></del> -                                 | E-mail address: (to be us  | sed for future annua  | l report n                       | otification)   |
| For further information                       | n concerning this matter, pleas  | se call:  |                                  |  |
| Yamira Amoe                                   | edo  | at ( <u>7</u> 8   | 6                                | 712-8960   |
| Name o  | of Contact Person  | A   | Area Cod                         | e & Daytime Telephone Number   |
| Enclosed is a check for                       | r the following amount made  | payable to the Florid   | da Depar                         | tment of State:  |
| \$35 Filing Fee                               | ☐\$43.75 Filing Fee & Certificate of Status  | □\$43.75 Filing F<br>Certified Copy<br>(Additional cop<br>enclosed) |                                  | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame<br>Divi<br>P.O.                           | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 |   | Division<br>Clifton I<br>2661 Ex | address nent Section of Corporations Building secutive Center Circle ssee, FL 32301    |

## Articles of Amendment to Articles of Incorporation of



|  | G & Y SERV                                | ICES, INC.  | _ 1:01             |
|--|---|---|--------------------|
| (Name of Corporation as  | currently filed with the Flo              | orida Dept. of State)   | _                  |
|  | P090000                                   | 067931  |                    |
| (Documen   | nt Number of Corporation (if              | known)  | _                  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006, Florida Statutes, this F            | Torida Profit Corporation adopts the following  | ng amendment(s) to |
| A. If amending name, enter the new na  | ame of the corporation:                   |   |                    |
| G&Y  | <b>GENERAL SERV</b>                       | ICES, INC.  | The new            |
|  | ation "Corp," "Inc," or "C                | " "company," or "incorporated" or the Co". A professional corporation name must P.A." | abbreviation       |
| B. Enter new principal office address, (Principal office address MUST BE A S   |   | SAME ADDRESS  | _                  |
| C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent and new registered agent and/or the new | OFFICE BOX)  d/or registered office addre | ss in Florida, enter the name of the  | -<br>-<br>-        |
|  | NO CHANGES                                |   |                    |
| Name of New Registered Agent   | NO CHANGES                                |   |                    |
|  | (Florida stree                            | et address)   |                    |
| New Registered Office Address:   |   | , Florida   | _                  |
|  | (City)                                    | (Zip Code)  | •                  |
|  |   | th and accept the obligations of the position.  |                    |

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:<br>X Change          | <u>PT</u>    | John Doe    |         |
|-------------------------------|--------------|-------------|---------|
| X Remove                      | <u>v</u>     | Mike Jones  |         |
| X Add                         | <u>sv</u>    | Sally Smith |         |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 2) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 3) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 4) Change                     |              |             |         |
|                               |              |             |         |
| Add<br>Remove                 |              |             |         |
| Kemove                        |              |             |         |
| 5) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| O Charac                      |              |             |         |
| 6) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |

| Attach additional sheets, if necessary).  | cles, enter change(s) here: (Be specific)  |
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| If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| <u> </u>  | · <del></del>  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| The date of each amendment(s) adoption: U0/2U/2U13   |
|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s) (CHECK ONE)   |
| 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"  (voting group)  |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated  |
| Signature  |
| (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing)  |
| (Typed or printed name of person signing)  |
| (Title of person signing)  |