P18000041637

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: GND DEMOLITIC	ON & SERVICES INC	
DOCUMENT NUMBER	:P18000041637		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
JEř	NIFER BURGA		
		Name of Contact Person	1
GN	D DEMOLITION & SER	VICES INC	
		Firm/ Company	
668	SW 9 AVE		
		Address	
ВО	CA RATON, FL 33486		
		City/ State and Zip Code	2
For further information con		sed for future annual report	notification)
JENNIFER BURGA		at (
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment 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)
Amendn Division P.O. Bo:	Address nent Section of Corporations c 6327 see. FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

19 IUL 25 PH 2: 22

Articles of Amendment to Articles of Incorporation of

GND DEMOLITION & SERVICES INC

(Name of Corporation as current	ly filed with the Florida Dept. of State	<u> </u>
P180000-	41637	
(Document Number o	f Corporation (if known)	-
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/H		The new
W/r4 name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>~/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent V/A		
(Florida str	reet address)	
New Registered Office Address:	, Florida_	(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 po	sition.
U a		

Signature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	NICOLAS BURGA	668 SW 9TH AVE
X Add			BOCA RATON, FL. 33486
Remove			
2) Change	VP	GUILLERMO BURGA	668 SW 9TH AVE
X Add			BOCA RATON, FL. 33486
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	adding additional A al sheets, if necessary). (Be specific)				
NA						
						
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				_		
				-		
		,				
			-			
	-			·		
<u>f an amendm</u>	nt provides for an ex implementing the an	change, reclassifi	cation, or cance	llation of issued s	shares,	
(if not ap	licable, indicate N/A)	ichament il libi et	ontained in the 2	inendinent usen	<u>•</u>	
NIA						
<u>' / ' </u>						
				·		
	.					
				<u>.</u>		

	JULY 1ST, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	23/18 Lende Bur	
•	lirector, president or other officer if-directors or officers have not been	
	ed, by an-incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
••	JENNIFER BURGA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	