

P95000051024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

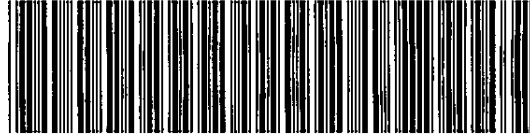
(Business Entity Name)

(Document Number)

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16 AUG -8 2016  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES  
1 8

AUG 18 2016

C McNAIR



Articles of Amendment  
to  
Articles of Incorporation  
of

STATE OF FLORIDA  
SECRETARY OF STATE  
16 AUG - 8 10:28

VENEBRASCO, CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P9500051024

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

GAMMA CHEMICAL, CORP.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address **MUST BE A STREET ADDRESS**)*

1931 NW 150 AVE. SUITE 126

PEMBROKE PINES, FL 33028

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

7969 NW 2 ST #135

MIAMI, FL 33126

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* OLGA BAEZ

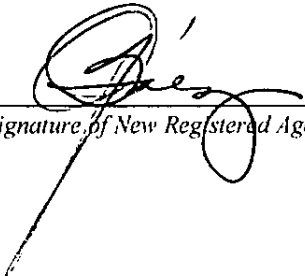
1931 NW 150 AVE. SUITE 126

*(Florida street address)*

*New Registered Office Address:* PEMBROKE PINES, Florida 33028  
*(City) (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 position.*

  
\_\_\_\_\_  
*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:**

Change                      PT      John Doe

Remove                        V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P/S</u>	<u>DEL ROSARIO MOVILLA, MARIA</u>	<u>3926 SW 157 AVE</u>
<input type="checkbox"/> Add			<u>MIRAMAR, FL 33027</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>PINTO, MYLADYS M</u>	<u>CENTRO PROFESSIONAL 1-D</u>
<input type="checkbox"/> Add			<u>LOS AMANES, VENEZUELA</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>VAGLIO, VANESSA</u>	<u>CENTRO PROFESSIONAL 1-D</u>
<input type="checkbox"/> Add			<u>LOS AMANES, VENEZUELA</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>ORANGUREN, DOUGLAS F</u>	<u>CENTRO PROFESSIONAL 1-D</u>
<input type="checkbox"/> Add			<u>LOS AMANES, VENEZUELA</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>MANUEL CASTILLO</u>	<u>1949 SHOAL CT</u>
<input checked="" type="checkbox"/> Add			<u>CLERMONT, FL 33714</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/1/16

Signature *Manuel Castillo*

(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)

MANUEL CASTILLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)