495401

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	= #)
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations

19 O.C. -5 PM D: 58 Gem Cutting Co., Inc. NAME OF CORPORATION: 495401 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Monica Benitez Name of Contact Person Gem Cutting Co., Inc. Firm/ Company 1400 Salzedo St #504 Address Coral Gables, Fl 33134 City/ State and Zip Code monica@mpbenitez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monica Benitez 305 305-9597 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

Gem Cutting Co., Inc.	Q.
(Name of Corporation as currentle 495401	y filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Cilling," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Lisa Pekar Name of New Registered Agent	
(l·lorida str	vet address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v Signature of New R	

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	<u>PT</u>	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action	Title	<u>Name</u>	Address	
(Check One)	V	Lisa Pekar	1400 Salzedo St #504	
Change X Add			Coral Gables, Fl 33134	
Remove	V	Monica Benitez	1400 Salzedo St #504	
2) Change Add		- 	Coral Gables, Fl 33134	
Remove Change	<u> </u>			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		

E.	If amending	or adding	<u>additional Articles</u>	, enter c	hange(s) l	<u>here</u> :
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(Attach additional sheets, if necessary). (Be specific) N/A

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provisions for implementing the amen (if not applicable, indicate N/A) N/A	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
		
	•	
	Page 3 of 4	
The date of each amendment(s) adoption:	N/A	, if other than th
late this document was signed.		
N/A Effective date if applicable:		
meetive date it 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 b by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
bv	
	(voting group)
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
December 2, 201 Dated Signature	o facto
(By a director, selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
Elsa	Pekar
	(Typed or printed name of person signing)
Secre	etary
(Title o	of person signing)