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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: GalV161 (Ontractors, INC.					
DOCUMENT NUMBER: PD3000029191					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Gustavo De Loun					
Gabriel Colf a down Dic.					
13400 SW 8157					
Address City/ State and Zip Code					
DETEON SUSTAND & BELLSOUTH, NET E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Gustavo De (EON at 786, 201 2073					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Ar	nendment
to	and the second s
Articles of Incomposition of Corporation as currently filed with the Fl	actors, INC.
P03000029	1692
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	-8 AH 9: 09
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	1 1 - 010-4
Name of New Registered Agent Award (&) (Florida street) New Registered Office Address:	1) and Bay 24 Florida 3317
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	(Zip Code) ith and accept the obligations of the position.

bignature 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One) 1)	Title	MAritza De Gow	Address 13460 SW 818 MOMI (4.3318
Remove 2)	1	Gustavo Do Law	13460 Su 81 5 MIOMI, M.33183
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			
Remove			

. If amending or adding additional Articles, enter cl (Attach additional sheets, if necessary). (Be specific	<u>iange(s) here</u> : -)
(Material and Interest, If necessary). (De specific	,
	\
If an amendment provides for an exchange, reclass	sification, or cancellation of issued shares,
provisions for implementing the amendment if no	t contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 8513	_
(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.	
1 XISIX	
Dated	
Signature CLOQUE CONTRACTOR	
(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)	
Oustano Os 1600	·
(Typed or printed name of person signing)	
1160 President	·
(Title of person signing)	