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R. WHITE MAR 2.7 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: G.M. KIDS CORP). 	
DOCUMENT NUM	P05000090833		
The enclosed Articles	s of Amendment and fee are su	hmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOSE CARLOS SUAREZ		
		Name of Contact Persor	1
	G.M. KIDS CORP.		
		Firm/ Company	
	2744 S.W. 137 AVE.		
		Address	_
	MIAMI, FL 33175		
		City/ State and Zip Code	2
	ANAY08@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ANAY AZCUY		at (245-1845
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

282011116 7111:12

G.M. KIDS CORP.			
(Name	of Corporation as current	ly filed with the Florida Dept. of State)	
P05000090833			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
		The new	
name must be distinguishable and contain "Inc" or Co" or the designation "Catartered," "professional association."	Corp, " "Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2744 SW 137 AVE.	
		MIAMI, FL 33175	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2744 SW 137 AVE.	
		MIAMI, FL 33175	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	CMP International Business Consulting Services Inc.		
Name of the new party and the	Attn.: Jerry Collado.		
	(Florida si	reel address)	
New Registered Office Address:	10640 NW 27th Street, St	aite 201 Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	t: wish and accept the obligations of the position.	
t hereon accept the appointment to regist	- Tun jamina	Application of the formation of the first of	
	() () () () () () () () () ()	<u> </u>	
	Signature of New I	Revistered Avent, if changing	

Check if applicable

'n

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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)

Example:

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.

<u>PT</u> X Change John Doe X Remove \underline{V} Mike Jones \underline{SV} <u>X</u> Add Sally Smith Type of Action Title Name: <u>Addres</u>s (Check One) DP IDALBERTO CABELLO 14011 SW 43 STREET 1) ____ Change MIAMI, FL 33175 AddVS GIGLIOLA MORIYON 14011 SW 43 STREET Change MIAMI, FL 33175 DP JOSE CARLOS SUAREZ 2744 SW 137 AVE. MIAMI, FL 33175 Remove VS ANAY AZCUY 2744 SW 137 AVE. 4) ____ Change MIAMI, FL 33175 __ Remove 5) ____ Change ___ Add Remove 6) ____ Change ____ Add Remove

(Attach a	ding or adding additiona additional sheets, if necesso	ry). (Be specific)			
	······				

_					
<u>If an an</u>	endment provides for ar	exchange, reclassific	ation, or cancellati	on of issued shares.	
<u>provisi</u> (if	<mark>ons for implementing the</mark> not applicable, indicate N	e amendment if not co	ntained in the ame	endment itself:	
		 			
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The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amend ifficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following steach voting group entitled to vote separately on the amendment(s)	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
DatedSignature	March 5, 2020	
selecte	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	TDALBERTO CABELLO (Typed or printed name of person signing)	
	DirECTOR PRINCIPAL (Title of person signing)	