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Mame Chylac

MAR 9 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GM HOME REPAI	R SERVICES INC		
DOCUMENT NUMBI	ER:			
	f Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
(GALO A. MOREIRA			
Name of Contact Person				
GM HOME REPAIR SERVICES INC				
_	Firm/ Company			
9639 BAY PINE LANE				
_	Address			
ORLANDO, FLORIDA 32832				
_		City/ State and Zip Code	2	
SORA	YA@GMHOMEREPAIR.CO	DM .		
	-	ed for future annual report	notification)	
For further information	concerning this matter, please	e call:		
GALO A. MOREIRA		at (446-1579	
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	ayable 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)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

GM HOME	RFPAIR	SERVICES	INC

(Titalian of Coll botterior in the first	<u>ntly filed with the Florid</u>	a Dent. of State)		
P06000009390		/		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Corpora</i>	ation adopts the following	g amendme	mt(s)
A. If amending name, enter the new name of the corporation:				
GM CONSTRUCTION GROUP INC			The new	,
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatior	"Co". A professional c			
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		·	
	N/A		28	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ा है। इस है। इस है।		e talt
	N/A	1	6	may make
	N/A	f = -	# I	} [•=;
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		he name of the	၁	
Name of New Registered Agent N/A				
N/A			•	
(Florida .	street address)		•	
		N/A		
New Registered Office Address: N/A		Florida		

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change		N/A	N/A
Add			
Remove			
3) Change		N/A	N/A
Add			
Remove			
4) Change		N/A	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		<u>N/A</u>	N/A
Add			
Remove			

E. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be spe	
N/A	
N/A	
N/A	
N/A	
N/A	· · · · · · · · · · · · · · · · · · ·
N/A	
N/A	
N/A	1
N/A	
F. If an amendment provides for an exchange, reconstruction for implementing the amendment in (if not applicable, indicate N/A) N/A	classification, or cancellation of issued shares, f not contained in the amendment itself:
N/A	

The date of each amendmen date this document was signed		, if other than the
uate this document was signed	i. FEBRUARY 24, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this more man 90 acts after antenament five autes	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	are adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	1
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	7	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	RUARY 24, 2917	
Dated		
Signature _		
(1	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
a	••	
	GALO A. MOREIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	