## PD700001193

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	:y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400265498874

10/23/14--01011--002 \*\*35.00

ACHEVER DESCRIPTION OF THE COLUMN AND THE COLUMN AN

AMINO 11. W. 14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: GREEN EYE	ES GREIGHT BR	OKER CORP
DOCUMENT NUMBER: P0700027		·
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
OLGA P. GON	ZALEZ	
	Name of Contact Person	1
	Firm/ Company	
15476 NW CT	# 612	
	Address	
MIAMI LAKES		
	City/ State and Zip Code	e
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
OLGA P. GONZALEZ	<sub>at (</sub> 786	, 7128167
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Flo		_
P07000027193	,	
(Document Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		m!
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 "P.	o". A professional corporation name must	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	IN/A	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	- 14 Ker
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	SECRETARY NO. 14 OCT 23
Name of New Registered Agent N/A		PH 2
(Florida stree		10
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 wi	th 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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V	_	YESID HURTADO GARCIA	4955 NW 199 ST
Add				MIAMI GARDENS
Remove				33055
2) Change	s		PEDRO E. GONZALEZ	10390 NW 135TH ST
Add				HIALEAH GARDENS
Remove				33018
3) Change				
Add				
Remove				
4) Change	- · ·	_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
WITH THIS CHANGE WE WANT TO PLEASE THE SHARES AS FOLLOW:
50% - OLGA P. GONZALEZ
30% - PEDRO E. GONZALEZ
20% - YESID HURTADO GARCIA SS
BECAUSE WE ARE A "S" CORPORATION
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)

The date of each amendment(s) ac	option:	, if other than the
date this document was signed.	,	
Effective date if applicable:	10/21/2014	<u></u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	Non Panle	
(By a d selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	OLGA P. GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	