

P07000031387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

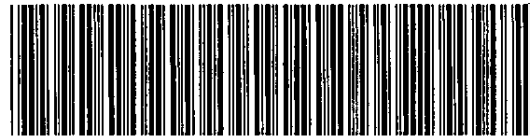
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

amend
RA

[Signature]

9/12/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GNSD UNLIMITED ROOF SERVICES CORP

DOCUMENT NUMBER: P07000031387

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENISSE CARRERA

Name of Contact Person

G.N.S.D. UNLIMITED ROOF SERVICES CORP.

Firm/ Company

13410 PORT SAID ROAD

Address

OPALOCKA, FL 33054

City/ State and Zip Code

GNSDUNLIMITEDRS@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENISSE CARRERA

Name of Contact Person

at (786) 295-2692

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

13 SEP -3 PM 3:16

G.N.S.D. UNLIMITED ROOF SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000031387

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13410 PORT SAID ROAD

OPALOCKA, FL 33054

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O.BOX 470235

MIAMI, FL 33247

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

HENISSE CARRERA

13410 PORT SAID ROAD

(Florida street address)

New Registered Office Address:

OPALOCKA

(City)

, Florida 33054

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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.

Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ___ Add ___ Remove	<u>S</u>	<u>LUIS ATAY</u>	<u>13410 PORT SAID ROAD</u> <u>OPALOCKA, FL 33054</u>
2) <u>X</u> Change ___ Add ___ Remove	<u>P</u>	<u>ERNESTO GONZALEZ</u>	<u>13410 PORT SAID ROAD</u> <u>OPALOCKA, FL 33054</u>
3) <u>X</u> Change ___ Add ___ Remove	<u>VT</u>	<u>HENISSE CARRERA</u>	<u>13410 PORT SAID ROAD</u> <u>OPALOCKA, FL 33054</u>
4) ___ Change ___ Add ___ Remove	_____	_____	_____
5) ___ Change ___ Add ___ Remove	_____	_____	_____
6) ___ Change ___ Add ___ Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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)

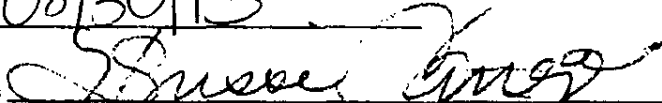
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

08/30/13

Signature



(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)

Henisse Carrera

(Typed or printed name of person signing)

Vice President

(Title of person signing)