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## Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **GREYSI LUIS CORP**

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03/02/12

Tallahassee, PL 32301

**COVER LETTER** TO: Amendment Section Division of Corporations NAME OF CORPORATION: GREYSI LUIS CORP. DOCUMENT NUMBER: P07000071834 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOSKATA TAVERAS Name of Contact Person GREYSI LUIS CORP. Firm/ Company 1294 NW 54TH ST Address MIAMI, FL 33142 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 . ) 757-2992 Area Code & Daytime Telephone Number YOKASTA TAVERAS Name of Contact Person Enclosed is a check for the following amount made payable to the Plorida Department of State: **\$35** Filing Pee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

## Articles of Amendment

Articles of Incorporation of	
GREYSI LUIS CORP	
(Name of Corporation as currently filed with the Florida Dept.	of State)
P07000071834	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation:	ti Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "compan" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profit	The new  y," or "incorporated" or the abbreviation  accorporated name must contain the
word "chartered," "professional association," or the abbreviation "P.A."	essignas corporation name musi contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	533 m
	50%
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	A A
(MULLING AUGUSES MAT BE A PUST OFFICE BOX)	
	<del></del>
	*
D. If amending the registered agent and/or registered office address in Florida	a, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	, Florida
(Clty)	(Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accep	pt the obligations of the position.
Signature of New Registered Agent, if chang	ging

address of each Office (Attach additional sheet		Sirector being added:	real period and start station and
P = President; V = Vice	e Presiden D = Chief	tle by the first letter of the office title: u; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more for would be PTD.	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
a change, Mike Jones le	eaves the o	ollowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S. These lly Smith, SV as an Add.	PST and Mike Jones is listed as the V. There is should be noted as John Doc, PT as a Change,
Example: XChange	<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 X Add Remove	P0	YOKASTA TAVERAS	1294 NW 54TH ST MIAMI FL 33142
2) Change Add X Remove	PD	RAMON A JAVIER	1294 NW 54 ST MIAMI FL 33142
3) Change Add Remove			
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

mending or adding additional Articl			
ach additional sheets, if necessary).	es, enter change(s) here: (Be specific)		
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	<del></del>		
			<del></del>
		,	
и amendment provides for an exchar	ge, reclassification, or can-	cellation of issued shares.	
ovisions for implementing the amend	nge, reclassification, or can ment if not contained in th	cellation of issued shares, e amendment itself:	
nn amendment provides for an excharactions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or can ment if not contained in th	cellation of issued shares, e amendment itself:	
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The date of each amendment(s) adoption: 03/02/2012	
Effective date if applicable:	
	ys after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
Dated 03/02/2012	ļ
	www.
selected, by an incorporator — if in the has appointed fiduciary by that fiduciary)	
YOKASTA T	<b>TAVERAS</b>
(Typed or printed name	e of person signing)
PRESIDE	NT
(Title of person sign	aing)