P0800010389

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SECRETARY OF STATE ALLAHASSEE, FLORID

APPROVED AND FILED

OCT 03 2013

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: <u>HR General Services</u> , <u>In</u> C. DOCUMENT NUMBER: <u>P080000/0389</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Gantago almenares Name of Contact Person					
Firm/Company 175 Funtaine bleau Blud Suite I R-14 Address Miami FLORIDA 33172 City/State and Zip Code					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Santiago Almenares at (786) 320-2498 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

, of	
HR General Genuces, Inc.	I3 SI SECF
(Name of Corporation as currently filed with the Florida Dept. of State)	물을 딱
P08000010389	26 ARY
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendments to
A. If amending name, enter the new name of the comporation:	1>
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 60176 1 P-14	
C. Enter new mailing address, if applicable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [75 Fontoine bleav to Guite L-P-14]	DIVO
Miami FL 3313	12
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 Santiago almenaves. 195 Fontaine bleau Blud Ste (Florida street address)	1R-14
New Registered Office Address: UIAMI Florida 33172 (City) (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 tale 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 Do	<u>e</u>	
X Remove	V Mike Jo	nes	
X Add	SV Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>	Name	Address
7	Prusident	Gantiago alm	enares 175 Amtaine bleau Blud Suite 12-14 Miami FL 33172
Remove 2) Change	Presdent	Hemberto Roa	lugue, 1455W 30et. Apt # 101 B.
AddRemove			MIGMI FL 33/35
3) Change			
Remove			
4) Change			
Remove 5) Change			
Add			
Remove			
Add			
Vamava			

	icles, enter change(s) here: (Be specific)
A delication of the state of th	**************************************
Note that the second se	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	9-20-2012.	, if other than the
date this document was signed.	09-30.	2013 ·	
Effective date <u>if applicable</u> :		n 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su		The number of votes cast for the amendment(s)	
must be separately provided for	each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s): were sufficient for approval	
by	(X/// ·	."	
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directo	ors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators w	vithout shareholder action and shareholder	
Dated 09/2	Ju Ju		
(By(a o	president or other of	officer - if directors or officers have not been	
	d. by/an incorporator – if in left fiduciary by that fiducia	the hands of a receiver, trustee, or other court	
		Alucasanss	
/		or printed name of person signing)	····-
	``	sidant	
	7 110	si a cono	

(Title of person signing)