## P07000089195

(Re	questor's Name)	·
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(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GSM MAS	TER CORP.		
DOCUMENT NUMB	ER: .P0800008919	95		
	of Amendment and fee are sul			
Please return all corres	pondence concerning this mat	ter to the following:		
	Amanda Jaramillo	)		
•		Name of Contact Person		
	J.A. Accounting Services Inc			
•		Firm/ Company		
	8249 NW 36 St. S	Suite #209A		
•	·= ······	Address		
	Doral, Fl 33166			
		City/ State and Zip Code	•	
ama	amandajara@hotmail.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	n concerning this matter, pleas			
		at (	) de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	urtment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section In of Corporations Building xecutive Center Circle Issee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

GSM master corp	
(Name of Corporation as currently filed with the Florid	a Dept. of State)
P08000089195	
(Document Number of Corporation (if known	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Articles of Incorporation</i> :	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Pia No 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".	
word "chartered," "professional association," or the abbreviation "P.A."	()) Trans
B. Enter new principal office address, if applicable:	(n-< N
(Principal office address MUST BE A STREET ADDRESS)	
	97.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.
	24 D
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	1 Florida, enter the пате of the
Name of New Registered Agent	
(Florida street ad	dwars)
1 101 taa sireet aa	ui ess)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with a	nd 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	Р	Carole S Dartayre	8249 NW 36 St.
Add			Miami, FI 33166
X Remove			<del></del>
2) Change	S	Gustavo N Lanziano	8249 NW 36 St. # 209A
X Add			Doral, Fl 33166
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change	<del></del>	<u> </u>	-
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional Ainal sheets, if necessary)	). (Be specific)			
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nrovisions f	ent provides for an ex r implementing the an	cnange, reciassii	oontoined in the	enation of issued	i snares,
(if not a	plicable, indicate N/A)	nenament ii not	contained in the	e amendment its	<u></u>
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		** *			
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The date of each amendment(s) ado	ption: Way 9, 2014
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
<sub>Dated</sub> May 9, 2	2014—
Signature	former la Januallo
(By a dire	ector, 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
	I fiduciary by that fiduciary)
<u> </u>	Amanda Jaramillo
	(Typed or printed name of person signing)
	)
<del>-</del>	(Title of person signing)