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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GM&P CONSULTING AND GLAZING CONTRACTOR INC DOCUMENT NUMBER: P1000093215					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
LEON BALZA					
Name of Contact Person					
L & N GENERAL FILING SERVICES INC					
Firm/ Company					
8181 NW 36TH ST STE 20 E-F					
Address					
DORAL FL 33166					
City/ State and Zip Code					
LNGRALFILING@YAHOO.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
LEON BALZA					
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:					
■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

GM&P CONSULTING AND GLAZING CONTRACTORS, INC.

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

	PTUUUUUS	13215		
(Document Number	er of Corporation (if k	nown)		_
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this FI	orida Profit Corpoi	vation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	he corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp." "Inc." or "Co	". A professional	'incorporated" or the a corporation name must	bbreviation contain the
B. Enter new principal office address, if applic	able:			
(Principal office address MUST BE A STREET.				_
				
				_
C. Enter new mailing address, if applicable:		ŧ		
(Mailing address MAY BE A POST OFFICE	BOX)			_
				
				- <u>-</u>
 If amending the registered agent and/or reg new registered agent and/or the new registered. 		<u>s in Florida, enter</u>	the name of the	14 NOV -4 PH 12: 53
new registered agent and/or the new registe	red office address:			2 3
Name of New Registered Agent				+ 2
				PH 12: 5
	(Florida street	address)		73.
New Registered Office Address:		,	Florida	_ හු ි
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age	ent. – Lam familiar wit	h and accept the ob	ligations of the position.	
Signature o	of New Registered Age	ent, 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: XChange	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones _	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Namc</u>	Address
1) Change	CFO	_	NICOLAS ABUCHAIBE	175 SW 7TH ST
Add				SUITE 1407
Remove				MIAMI FL 33130
2) Change		_		
Add				
Remove				
3) Change		_		·
Add			•	-
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		·		
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ad	loption:	, 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 ado by the shareholders was/were sui	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 i	for the amendment(s) was/were sufficient for approval	
by	21	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated October		
Signature	Mali	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Giovanni Monti	
-	(Typed or printed name of person signing)	
_	President / Director	
	(Title of person signing)	_