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(((H110001965763)))



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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN GABLES EXCELLENCE SERVICES CORPORATION

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Corporate Filing Menu

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EMPIRE CORP KIT

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Articles of Amendment Articles of Incorporation

Gables Excellence Services Corporation		
(Name of Corporation as currently filed with the Florida Dept. of State)	٠	
P11000064917		
(Document Number of Corporation (if known)		

(Document Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following	ان
A. If amending name, enter the new name of the corporation	<u>on:</u>	
	The new	
name must be distinguishable and contain the word "corpable abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:	2325 Coral Way	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33145	7
C. <u>Euter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	same as above 55	
D. If amending the registered agent and/or registered office now registered agent and/or the new registered office ad-		
	11 123	
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida sireet address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature. If changing Registered A. hereby accept the appointment as registered agent. I am famil	<u>gent:</u> litar with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	
- •		

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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:
(Atteach additional sheets, if necessary)

Title	Name	<u>Address</u>	Type of Action
	CLAUDIO TURCHETTI	2326 Coral Way Miami, FL 33145	✓ Add □ Remove
			Add Remove
R Ifan	nending or adding additional Articles, en	ter change(e) have	A A A S C C C C C C C C C C C C C C C C
(allox	th additional sheets, (f necessary). (Be sp	ecific)	
		;	
		:	
· · · · · · · · · · · · · · · · · · ·			
F. Ifa	n amendment provides for an exchange, visions for implementing the amendment	rechastification, or caucellatio	n of issued shares,
<u> </u>	(if not applicable, Indicate N/A)	M NO COASANIES IN THE ZUIESKI	MAIN MACAL
 -		:	

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H11000146576 The date of each amendment(s) a tion: (date of adoption is required) 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 ☐ The amendment(s) was/vere 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 August 4, 2011 (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) Alex D. Sirulnik, Esq. (Typed or printed name of person signing) incorporator (Title of person signing)

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