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2012 AUG 22 AM 9: 51
SECRETARY OF STATE
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100R 8/27/12

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOI	RATION: GENESIS BER: P110000698	SHUTTER G	ROUP, INC.
	of Amendment and fee are sul		
Please return all corre	spondence concerning this mat	ter to the following:	
	GILBERTO LE	ON	
	GENESIS SHU		
	9960 NW 79 A	Firm/ Company Venue	
	Hialeah Garde	ns, Florida 33	8016
		City/ State and Zip Code	
		to@gicaluminured for future annual report	
For further information	on concerning this matter, pleas	se call:	
GILBERTO	LEON	at (305	, 883-9940
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Am Div P.C	illing Address lendment Section lision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 F	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

2012 AUG 22 AM 9: 52

## GENESIS SHUTTER GROUP, INC.

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

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Document Number of Con	rporation (if known)
Pursuant to the provisions of section 607,1006, Florida States of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(
N. If amending name, enter the new name of the corpo	ration: The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated," or the abbreviation 'Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	9960 NW 79 Avenue
Přincipal office address <u>MUST BE A STREET ADDRE</u>	Hialeah Gardens, Florida 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	9960 NW 79 Avenue
	Hialeah Gardens, Florida 33016
D: If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the ce address:
Brone of Ben Regimered Algent	N 79: Avenue
	(Florida sircei address) Gardens, Florida 33016
	(City) (Zip Code)

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)

Example:

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 = Trustec; 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PTD	GILBERTO LEON	9960 NW 79 Avenue
$X_{Add}$			Hialeah Gardens, Florida 33016
Remove			
2) Change	VSD	CARLOS A. LEON	9960 NW 79 Avenue
X			Hialeah Gardens, Florida 33016
Remove		•	
3) X Change	<u>VD</u>	NOEL F. FONSECA	6290 W. 16th Avenue
Add			Hialeah, Florida 33012
Remove			
4) Change	V	CARLA A. FONSECA	6290 W. 16th Avenue
Add			Hialeah, Florida 33012
X Remove			
5) Change			
Add			
Remove			**************************************
6) Change			
Add			
Remove			

tach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
	NY LO	_
	IV / III	
	•	
•		_
	·	
		_
		_
		**********
an amendm	nt provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for	implementing the amendment if not contained in the amendment itself:	
(ij noi apj	licable, indicate N/A)	
	·	
	N/0	-,
	<i>"   1</i> 4	
		_

The date of each amendment(s) adopti	ion:
Effective date if applicable:	MAY 9, 2012
	(no more than 90 days after amendment file date)
<b>∕</b>	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were adopted	by the board of directors without shareholder action and shareholder  by the incorporators without shareholder action and shareholder
action was not required:	1
Dated 5	7/12
Signature	Bleave
(By a direct selected, by	or, president or other officer – if directors or officers have:not been an incorporator – if in the hands of a receiver, trustee, or other court iductory by that fiductory)
	GILBERTO LEON
_	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)