P11000104497

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C.M. 8-25-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GAN GARAGE DOOR SERVICE INC

DOCUMENT NUMBER: P11000104497

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



Name of Contact Person

CORONA TAX SERVICES INC

Firm/ Company

3363 NE 163RD STREET STE 506

Address

N. MIAMI BEACH, FL 33160

City/ State and Zip Code

AVIVSWISA5@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INNA VORONA

954

646-2777

Name of Contact Person

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

GAN GARAGE DOOR SERVICE INC

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

P11000104497

ient(s) to

(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts	the following a
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporai "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Frincipul Office uduress <u>MOST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4115 SW 49TH COURT	
	FORT LAUDERDALE, FL 33314	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.		<u>the</u>
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(Ci	(y) (2	Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		he position.
Signature of New Pagisters	d Agant 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,

like Jones, V as Remove, and Sally Smith, SV as an Add.		*			
Example: X Change	<u>PT</u>	John Doc	14 AUG SEURE W ALL AHA		
X Remove	$\underline{\mathbf{V}}$	Mike Jones	SSET OF THE SET OF THE		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	VP	NESGI, JESSICA	4082 BEDFORD AVE		
Add			BROOKLYN, NY 11229		
Remove					
2) Change	VP	STEVEN PAPO	1201 N 17TH AVE #3		
Add			HOLLYWOOD, FL 33020		
Remove					
3) Change		···			
Add					
Remove					
4) Change					
Add			W T T T T T T T T T T T T T T T T T T T		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	-				
Remove					
LL Kemove					

If amending or adding additional Articles, enter change(s) here:	SEURE ALL AH
Attach additional sheets, if necessary). (Be specific)	7. Take 1
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	OR E
	72
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f an amendment provides for an exchange, reclassification, or cancellation of	inama di ultimuna
it an amenument provides for an exchange, reclassification, or cancellation of	issued snares,
provisions for implementing the amendment if not contained in the amendment	nt itself:
provisions for implementing the amendment if not contained in the amendmen (if not applicable, indicate N/A)	nt itself:
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provisions for implementing the amendment if not contained in the amendment	nt itself;
provisions for implementing the amendment if not contained in the amendment	nt itself;

The date of each amendment(s) adoption: 07/25/2014		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 adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	.(s)		
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient		
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by" (voting group)	\mathbb{F}_{σ}		
(voting group)		+	
The amendment(s) was/were 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	100 A 1 001 (A)	AUG 18 AM	AND RESIDENCE OF THE PERSON OF
action was not required.	E. F. CORI	19:44	
Dated 07/25/2014			
Signature			
(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 co-appointed fiduciary by that fiduciary)			
AVIV SWISA			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			