P13000012403

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SECRETARY OF STALE TALLAHASSEE, FLORIDA

13 NOV 25 PH 3: 06

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C. LEWIS

DEC 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GUTTER URBE GROUP INC			
DOCUMENT NUMBER: P13000012403			
	of Amendment and fee are sub		
Please return all corre	spondence concerning this mat	ter to the following:	
	JORDI R TORRE		
	JORDI R TORRE	Name of Contact Person NTS PA	
		Firm/ Company	
2655 LE JEUNE ROAD SUITÉ 804			
		Address	
CORAL GABLES, FL 33134			
		City/ State and Zip Code	;
JO	RDI.TORRENTS@	TORRENTSLA	.W.COM
	-	ed for future annual report	
For further information concerning this matter, please call:			
JORDI R TO	RRENTS	at (305	4466244
Name	of Contact Person	Area Coo	ie & Daytime Telephone Number
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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

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Articles of Amendment to Articles of Incorporation of

13 NOV 25 PM 3: 06

SECRETARY OF STATE TALL AHASSEE, FLORIDA

GUTTER URBE GROUP INC	MECHINASSEC, FLURIDA	
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P13000012403		
(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	950 BRICKELL BAY DR	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	APT 2904	
	MIAMI, FL 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	950 BRICKELL BAY DR	
	APT 2904	
	MIAMI, FL 33131	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
(City	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and 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> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DS	JORDI R TORRENTS	2655 LE JEUNE RD
Add			SUITE 804
Remove			CORAL GABLES FL 33134
2) Change	DPTS	IGNASI MUNYOS	950 BRICKELL BAY DR.
Add			APT 2904
Remove			MIAMI, FL 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Chanca			
6) Change	 		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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13 NOV 25 PM 3: 06

	(s) adoption: NOVENIDER 22, 2013	SECRETARY OF CTAL if other than th
date this document was signed		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Effective date if applicable:	AT FILING	
Effective date <u>is applicable</u> .	(no more than 90 days after ame	ndment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes ere sufficient for approval.	cast for the amendment(s)
	re approved by the shareholders through voting group ed for each voting group entitled to vote separately o	
"The number of votes	s cast for the amendment(s) was/were sufficient for a	pproval
by	(voting group)	.,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without sharehol	der action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder a	action and shareholder
Dated NO	VEMBER 22, 2013	
Signature(E		
	IGNASI MUNYOS	
	(Typed or printed name of p	erson signing)
	PRESIDENT	
	(Title of person sign	ning)