P13000012403

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PICK-UP	☐ WAIT	MAIL
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10/7/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GUTTER L	IRBE GROUP IN	NC
DOCUMENT NUM	D4200004240		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	IGNASI MUNYO	3	
		Name of Contact Persor	1
		Firm/ Company	
	15833 SW 66 TE	RRACE	
		Address	
	MIAMI - FLORIDA	A 33193	
		City/ State and Zip Code	2
IGN	NASI@URBEGRU		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	ee call:	
IGNASI MUN	IYOS	at (786	2127630
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment 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 Street Address			
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		•	
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle		_	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

GUTTER URBE GROUP INC

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

P13000012403

ent(s) to

1 10000012100	1 (if known)	
(Document Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amer	
A. If amending name, enter the new name of the corporation:	Tr.	
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association." or the abbreviation	r "Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable:	15833 SW 66 TERRACE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33193	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15833 SW 66 TERRACE	
(Manual and Control 2015)	MIAMI, FL 33193	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
(C)	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia		
Signature of New Registere	ed 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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	•
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		_		
Add Remove				
3) Change		_		
Add				
4) Change	,			
Add Remove				
5) Change		_		
Add Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:	If an amendment provides for an eyeb	ange reclassification, or cancellation of issued shares
(lj noi applicable, inalcale IVA)	provisions for implementing the amer	ndment if not contained in the amendment itself:
	(ij noi applicable, inalcale WA)	

The date of each amendment(s) adoption: 07/25/2014	_, if other than the
date this document was signed.	
Effective date if applicable: AT FILING	
(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"	
(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 action was not required.	
Dated 09/24/2014	
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 court appointed fiduciary by that fiduciary)	
IGNASI MUNYOS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_