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OCT 3 0 2017 S. YOUNG TOCT 27 PN 3: 18
SEGNETARY (N. 21-18)
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: GEMA MULTI S	ERVICES, INC.	
	HBER: P13000096570		
	es of Amendment and fee are s	ubmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	JOSE BAYARDO MENDO	ZA	
	GEMA MULTI SERVICES	Name of Contact Po , INC - Firm/ Company	1. <u> </u>
	35 BEACOM BLVD		
	MIAMI DADE, FLORIDA	Address 33127	
		City/ State and Zip	Code
	gemamultiservices@gmail.co	nın	
-	E-mail address: (to be u	sed for future annual re	port notification)
For further informati	on concerning this matter, plea	se call:	
JOSE BAYARDO N	MENDOZA	at (Code & Daytime Telephone Number
Name	of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check f	or 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)	Certificate of Status
An Div	niling Address mendment Section vision of Corporations D. Box 6327	Am Div	eet Address endment Section ision of Corporations from Building

2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

GEMA MULTI SERVICES, INC

(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)		
P13000096570				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new t	name of the corporation:			
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		35 BEACOM BLVD		
		MIAMI DADE, FLORIDA 33135		
C. Enter new mailing address, if app (Mailing address MAY BE A POST		N/A		
		—————————————————————————————————————		
D. If amending the registered agent a new registered agent and/or the new		dress in Florida, enter the name of the		
Name of New Registered Agent	JOSE BAYARDO MEN	ين ينام		
		E APT-302 MIAMI DADE, FLORIDA 33127		
	(Florida s	treet address)		
New Registered Office Address:	SAME	D - 1		
New Registered Office Address.		(City) , Florida (Zip Code)		
New Registered Agent's Signature, if o	hanging Registered Agen	<u>t:</u>		
r nereby accept the appointment as regis	ierea ageni i am jamiiiar	with and accept the obligations of the position.		
	Q ₂	galago		
	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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	JOSE BAYARDO MENDOZA	2525 NW 10th AVENUE APT-302
X Add			MIAMI DADE, FLORIDA 33127
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	additional sheets, if	ditional Articles, en necessary). (Be s	<u>rcer change(s) h</u> :pecific)	<u>ere</u> :		
ARTICLE	•	ANGE REGISTERI	= -			
						
						
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If an am	endment provides	for an exchange, r	eclassification,	or cancellation of	issued shares,	
(if r	not applicable, indi	cate N/A)	ii not containe	a in the amename	ent itseit:	
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'A					_	
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The date of each amendment(s) adoption: _date this document was signed.	···	, if other than the
OCTOBER I	7th 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(s) or approval.	
☐ The amendment(s) was/were approved by must be separately provided for each votil	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	<u>,</u>	
	voting group)	
action was not required.	ne board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and shareholder	
OCTOBER 17th 201	7	
Signature How		
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	-
GEMA FO	DNSECA	
	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	