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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: G&C COMMERC	CIAL, CORP		
	IBER: P14000061566			
The enclosed Article	s of Amendment and fee are s	ubmitted for filing.	1 1 ,	
Please return all corr	espondence concerning this ma	atter to the following:		
	SANDRA B. MASSO			
		Name of Contact Perso	n	_
	PEAK CORP			
		Firm/ Company		-
	125 Taft Blvd.		Ì	
		Address		
	Clewiston, Fl. 33440			
		City/ State and Zip Cod	e	
peak	.corp@hotmail.com			
<u> </u>		sed for future annual report	notification)	
		ord to the amount report	nouncutiony	
For further information	on concerning this matter, plea	se call:		:
SANDRA B. MASSO		at (_) 660-0114	
Name	of Contact Person	Area Co	de & Daytime Telephone	Numl
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 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			Address	
	rision of Corporations		ment Section in of Corporations	;
P.O. Box 6327			Building	j
Tallahassee, FL 32314			xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G&C COMMERCIAL CORP			
(Name	of Corporation as curren	tly filed with the Florida De	pt. of State)
P14000061566			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
nome must be distinguish bloom			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation ration nume must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		14328 SW 10th Street	
		Miami, Fl. 33027	
			1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14328 SW 10th Street	
	<u></u>	Miami, Fl. 33027	
If amending the registered agent ar new registered agent and/or the ne			me of the
Name of New Registered Agent	SANDRA B. MASSO	<u> </u>	
rane of their negative earigem	125 Taft Blvd		
	(Florida s	treet address)	
New Registered Office Address:	Clewiston		_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligation	ns of the position.
			· 20
	Signature of New	Registered Agent, if changing	

Address of each Office (Attach additional she Please note the officer P = President; V = V. Executive Officer; CI held. President, Treas Changes should be not a change, Mike Jones Mike Jones, V as Rem	cer and/or I sets, if neces r/director tit ice Presiden TO = Chief surer, Direct ted in the forter	Director being added: ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; Financial Officer. If an officer/director holds tor would be PTD. following manner. Currently John Doe is listed	TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	1 1 1
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	JOSE AYALLA PRAZERES	749 Shotgun Rd.
XAdd			Sunrise Fl. 33326
Remove			
2) Change	S	KLAUBER ROCHA	12560 SW 126th Ave.
Add			Miami, Fl. 33186
X Remove			
3) X Change	D	THIAGO F. VALENTE	12560 SW 126th Ave
Add			Miami, Fl. 33186
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change	P	THIAGO F. VALENTE	14328 SW 10th Street
X Add			Miami, Fl. 33027
Remove			
5) Change			
Add			
Remove			
) Change			
Add			
Remove			

If amending or adding additional Articles, enter Attach additional sheets, if necessary). (Be specified)	ific)
	
	<u> </u>
If an amendment provides for an exchange, recla provisions for implementing the amendment if a (if not applicable, indicate N/A)	assification, or cancellation of issued shares, not contained in the amendment itself:
	
	'

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Decembe Dated Signature	17, 2017	
(By a dir sclected	by an incorporator—if in the bands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
J	OSE AYALLA PRAZERES	
-	(Typed or printed name of person signing)	
F	RESIDENT	
-	(Title of person signing)	