## P140000000841

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: G SERVI	CE PLUS CO	RP / //
DOCUMENT NUMB	D14000060		P14000066846
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	EDUARDO GO	OMES	
	Name of Contact Person G SERVICE PLUS CORP		
Firm/ Company 3930 CRYSTAL LAKE DR			
	POMPANO BEACH, FLORIDA 33064		
		City/ State and Zip Code	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
<b>EDUARDO</b>	GOMES	at ( 954	1, 397-4340
	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## G SERVICE PLUS CORP

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	
P1400006846	1400001	108410	
(Documen	t Number of Corporation (if	(nown)	<u>.                                    </u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ado	pts the following amendment(s
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional corporati	ited" or the abbreviation on name must contain the
B. Enter new principal office address, (Principal office address MUST BE A ST		IN/A	
(2 rmeipus vyfice uddress <u>14001 DE A ()</u>	REET ADDRESS )		
C. Enter new mailing address, if applia		N/A	
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name	of the
Name of New Registered Agent	N/A		
Hume of New Negistereu rigem			
	(Florida stree	t address)	
New Registered Office Address:	N/A	, Florida	
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Agents		
		h and accept the obligations of	

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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	JOSE DEMETRIO MEZA	8964 NW 111 TER
Add			HIALEAH FL 33018
Remove			
2) Change	<u>P</u>	EDUARDO GOMEZ	3930 CRYSTAL LAKE DR
Add			APT 114
Remove			POMPANO BEACH FL 3306
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			•
5) Change			<u> </u>
Add			
Remove			
6) Change		<del> </del>	
Add			
Remove			

E. <u>If ame</u> (Attach	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
N/A		
_		
	· · · · · · · · · · · · · · · · · · ·	
provis	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
N/A		•
<u>-</u> .		

The date of each amendment(s) adoption: 09/11/2014	, if other thar
date this document was signed.	
Effective date if applicable: 09/11/2014	
(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.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	'ement
"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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r
Dated 09/11/2014	
Signature James do gomes	
(By a director, president or other officer - if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
EDUARDO GOMES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	