## P14000070343

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PICK-UP WAIT MAIL
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CRETARY OF STATE SION OF CORPORATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: G.M.G. GE	NERAL SERVI	CES INC
	BER: P1400007034		
	of Amendment and fee are su		
Please return all corres	pondence concerning this mat	tter to the following:	
	Gustavo Delssim	-Gomes	
		Name of Contact Person	1
	G.M.G. GENERA	AL SERVICES II	NC
		Firm/ Company	
	4304 NW 9TH A	VE BLDG 2-2B	APT 18
		Address	
	POMPANO BEA	CH, FL 33064	
		City/ State and Zip Code	
9117	ana@sventurini.d	com	
	<del>-</del>	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Gustavo Delssim-Gomes		at ((754)	, 242-3973
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made [	payable to the Florida Depa	artment 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)
Amo Divi	iling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



14 HOV 21, PM 2: 24

## G.M.G. GENERAL SERVICES INC (Name of Corporation as currently filed with the Florida Dept. of State) P14000070343 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **GUSTAVO DELSSIM-GOMES** (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u>	John Doc				
X Remove	$\underline{\mathbf{v}}$	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) X Change	<u>P</u>	GUSTAVO DELSSIM-GOMES	4304 NW 9TH AVE BLDG 2-2B APT 18			
Add						
Remove						
2) Change						
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If an amendment pro	menting the ame	hange, reclassifi endment if not c	cation, or cancell ontained in the a	ation of issued sh mendment itself:	ares,
(if not applicable					
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•	n: 11/14/14	SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORFORATIONS if other than	
The date of each amendment(s) adoption date this document was signed.	n: <u>[]]] 7[] 7</u>	14 HOV 24 PM 2: 24	n the
Effective date if applicable:	4/2014	14 1/10 / 24 111 2	
	(no more than 90 days after a	mendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficien		otes cast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes east for the	amendment(s) was/were sufficient for	or approval	
by	(voting group)		
☐ The amendment(s) was/were adopted b action was not required.	•	cholder action and shareholder	
☐ The amendment(s) was/were adopted b action was not required.	by the incorporators without sharehold	der action and shareholder	
Dated 11/14/	114		
- selected, by a	r, president or other officer – if direct an incorporator – if in the hands of a r action by that fiduciary)		
	(Typed or printed name of	Sim Jones of person signing)	
	Re Frd	eut signing)	