P15000014817

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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(B	usiness Entity Name)	
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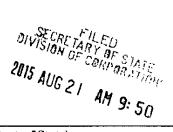
AUG 24 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GN	M & S PRO CLEANERS GROUP, INC		
DOCUMENT NUMBER: P15000014817			
The enclosed Articles of Amendmen	at and fee are submitted for filing.		
Please return all correspondence con	cerning this matter to the following:		
ORLANDO S	SILVA		
	Name of Contact Person		
MAS FINAN	ICIAL GROUP, INC		
	Firm/ Company		
2853 EXECU	JTIVE PARK DRIVE STE 105		
	Address		
WESTON, F	L 33331		
	City/ State and Zip Code		
ojs@masfinancialg	roup.com		
E-mail a	ddress: (to be used for future annual report notification)		
For further information concerning t	his matter, please call:		
orlando silva	at (954 873-9018		
Name of Contact Per			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:		
-	S Filing Fee & Status Certified Copy (Additional copy is enclosed) SFiling Fee & Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building		

Articles of Amendment to Articles of Incorporation of



GM & S PRO CLEANERS GROUP, INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P15000014817	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1139 FAIRLAKE TRACE 1909
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WESTON, FL 33326
C. Enter new mailing address, if applicable:	1139 FAIRLAKE TRACE 1909
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	WESTON, FL 33326
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida(City) (Zip Code)
	(5.5)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
the copy accept the appointment as registered agent.	ar with and decept the bonganons by the position.
- CV	us Pagistared Agant 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.

<u>X</u> 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>	<u>Name</u>	<u>Addres</u> s	
1) Change	V	LEON GINER	751 SW 148TH AVENUE UNIT 1	
Add			DAVIE, FL 33325	
X Remove				
2) Change	v	JOSE A SUAREZ RODRIGUEZ	1139 FAIRLAKE TRACE 1909	
X Add			WESTON, FL 33326	
Remove				
3) Change			. <u> </u>	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
				
Remove				

ttach additional sheets, if ne	cessary). (Be specifi	ic)		
	<u> </u>			
				
an amendment provides for	or an exchange, reclas	ssification, or cance	llation of issued sha	res,
(if not applicable, indica	ite N/A)	or contained in the	amendment usen.	
			18 × 100 · 100 × 100 × 100 · 1	=10 1a-1

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no mòre than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
	te shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	, to the same of t
(vo	iling group)
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
	incorporators without shareholder action and shareholder
action was not required.	117/2016
Dated	117/2015
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and the same of th
Signature (By a director, pres	ordent or other officer - if directors or officers have not been
	orporator — if in the hands of a receiver, trustee, or other court
JULIO MA	ARINE
<u> </u>	(Typed or printed name of person signing)
Director/P	resident
	(Title of person signing)