## P15000029442

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DIVISION OF CORPORATION

FEB 25 2016

C LEWIS

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: GC WORKS INC. DOCUMENT NUMBER: P15000029442 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHANNA CHAVEZ Name of Contact Person GC WORKS INC. Firm/ Company 1801 SW 3RD AVE. #700 Address MIAMI, FL 33129 City/ State and Zip Code LANCE@GCWORKSFL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 285-8303

Area Code & Daytime Telephone Number LANCE WAYNE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section **Amendment Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

16 FEB 23 PM 1: 38

(Name of Corporation as currently filed with the Florida Dept. of State)  P15000029442  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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: [R01 SW 3RD AVE. #700]  MIAMI, FL 33129  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  MIAMI  MIAMI  (City) (Zip Code)	GC WORKS INC.			
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(Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL 33129  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:    Name of New Registered Agent			MIAMI, FL 33129	
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Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  MIAMI  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:				
Name of New Registered Agent  New Registered Office Address:  New Registered Office Address:  MIAMI  New Registered Office Address:  MIAMI  The provided Address of the new registered office address:  New Registered Office Address:				
Name of New Registered Agent  JOHANNA CHAVEZ  1801 SW 3RD AVE. #700  (Florida street address)  New Registered Office Address:  MIAMI  , Florida  33129				
1801 SW 3RD AVE. #700  (Florida street address)  New Registered Office Address:  MIAMI , Florida			ii-	
(Florida street address)  New Registered Office Address:  MIAMI , Florida 33129	<u>Name of New Registerea Agent</u>	1801 SW 3DD AVE #700	0	
New Registered Office Address: MIAMI , Florida , Florida				
		,	33120	
	<u>New Registered Office Address:</u>		, , , , , , , , , , , , , , , , , , , ,	
	New Registered Office Address:	(Florida str	reet address), Florida 33129	
	I hereby accept the appointment as regist	ered agent. I am familiar i	with and accept the obligations of the position.	
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.				
	<del></del>	Signature of New F	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.

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	РТ	JOHANNA CHAVEZ	1801 SW 3RD AVE. #700
Add			MIAMI, FL 33129
Remove			
2) Change	S	LANCE WAYNE	1801 SW 3RD AVE. #700
X Add			MIAMI, FL 33129
Remove			
3 ) Change		<del>-</del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	10/22/2015			
The date of each amendment(s) a	doption:			Ell if other than the
late this document was signed.		_	SECRETARY	OF STATE
10/	22/2015	Ð	IVISION DE C	ORPORATIONS
Effective date <u>if applicable</u> :				
	(no more than	90 days after amendment file date)	16 FEB 23	PM 1: 39
Note: If the date inserted in this document's effective date on the D		licable statutory filing requirements	s, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ad by the shareholders was/were s		The number of votes cast for the ame	endment(s)	
		hrough voting groups. The following to vote separately on the amendmen		
"The number of votes cas	t for the amendment(s) was/w	vere sufficient for approval		
by 100%		,"		
,	(voting group)			
☐ The amendment(s) was/were ad action was not required.	opted by the board of directo	ors without shareholder action and sh	nareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators w	ithout shareholder action and shareh	nolder	
Dated	5 Vanelel (wal			
selecte		fficer – if directors or officers have rethen the hands of a receiver, trustee, or only)		_
	JOHANNA CHAVEZ			
	(Typed or printe	d name of person signing)		<del></del>
	PRESIDENT			
	(Titl	le of person signing)		