## P15000076095

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| . (Ad                   | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Ви                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number     | )           |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA  | ATION: GIO MULTISERV                        | ICES CONTRACTOR IN  | <u> </u>   |  |  |
|--|---|---|--|--|--|
| DOCUMENT NUMBI   | D15000070005                                |   |  |  |  |
| The enclosed Articles of   | f Amendment and fee are su                  | bmitted for filing.   |  |  |  |
| Please return all corresp  | ondence concerning this ma                  | ter to the following:   |  |  |  |
|  |   | LUIS E. OLMEDO  |  |  |  |
| -  | ,,,   | Name of Contact Persor  | 1  |  |  |
|  | GIO MULTISERVICES CONTRACTOR INC            |   |  |  |  |
| _  | Firm/ Company                               |   |  |  |  |
|  | 1903 N ORANGE AVE                           |   |  |  |  |
| -  | Address                                     |   |  |  |  |
|  | ORLANDO, FL 32804                           |   |  |  |  |
| _  | City/ State and Zip Code                    |   |  |  |  |
|  | GIOMU                                       | JLTISERVICES@GMAIL  | .COM   |  |  |
|  | E-mail address: (to be us                   | sed for future annual report  | notification)  |  |  |
| For further information LUIS OLMEDO  | concerning this matter, pleas               | e call:at (at   | 3174741  |  |  |
| Name of  | Contact Person                              | at (<br>Area Co   | de & Daytime Telephone Number  |  |  |
|  | the following amount made                   |   |  |  |  |
| ■ \$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) |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |

## Articles of Amendment to Articles of Incorporation of

## GIO MULTISERVICES CONTRACTOR INC

| (Name of Corporation as curren   | tly filed with the Florida Dept. of Sta | <u>ite</u> )                          |
|--|---|---------------------------------------|
| P15000070095   |   |                                       |
| (Document Number   | of Corporation (if known)               |                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:   | s Florida Profit Corporation adopts th  | e following amendment(s)              |
| A. If amending name, enter the new name of the corporation:  |   |                                       |
|  |   | The new                               |
| name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation no     |                                       |
| B. Enter new principal office address, if applicable:  | 1903 N ORANGE AVE                       |                                       |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | ORLANDO, FL 32804                       | 5 <b>6</b>                            |
|  |   | 臺灣 夏 四                                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 1903 N ORANGE AVE                       | SSEE. P                               |
|  | ORLANDO, FL 32804                       |                                       |
|  |   | ····································· |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address  |   | <u>e</u>                              |
| Name of New Registered Agent   |   | <del></del>                           |
|  |   |                                       |
| (Florida .   | street address)                         |                                       |
| New Registered Office Address:   | , Florid                                |                                       |
|  | (City)                                  | (Zip Code)                            |
|  |   |                                       |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia   |   | position.                             |
|  |   |                                       |
| 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, 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 Doe       |                           |
|-------------------------------|--------------|----------------|---------------------------|
| X Remove                      | <u>v</u>     | Mike Jones     |                           |
| X.Add                         | <u>sv</u>    | Sally Smith    |                           |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>    | Address                   |
| 1) Change                     | P            | DANIEL E RIERA | 2275 VICTORIA FALLS DR    |
| Add                           |              |                | ORLANDO, FL 32824         |
| X Remove                      |              |                |                           |
| 2) X Change                   | VP           | LUIS E OLMEDO  | 13124 HEATHER MOSS DR 511 |
| Add                           |              |                | ORLANDO FL 32837          |
| Remove                        |              |                |                           |
| 3 ) Change                    | PVT          | LUIS E OLMEDO  | 13124 HEATHER MOSS DR 511 |
| X Add                         |              |                | ORLANDO FL 32837          |
| Remove                        |              |                |                           |
| 4) Change                     |              |                |                           |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 5) Change                     |              |                |                           |
| Add                           |              |                |                           |
| Remove                        |              |                |                           |
| 6) Change                     |              |                |                           |
| Add                           |              |                | <del></del>               |
| Remove                        |              |                |                           |

| (Aţtach <i>addit</i> | or adding additional Au<br>ional sheets, if necessary,                          | (Be specific)                             |  |  |           |
|----------------------|---|---|--|--|-----------|
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| provisions           | ment provides for an ex<br>for implementing the an<br>applicable, indicate N/A) | change, reclassific<br>nendment if not co | cation, or cancellar<br>ontained in the am | tion of issued shares<br>endment itself: |           |
|                      |   |   |  |  |           |
|                      |   |   |  |  |           |
|                      |   |   |  |  |           |
|                      |   |   |  |  |           |
|                      |   |   |  |  |           |
|                      |   |   |  |  |           |

|  | 11/07/2016   |                         |
|--|--|-------------------------|
| The date of each amendment(s) addate this document was signed.           | doption:   | , if other than th      |
| Effective date if applicable:  |  |                         |
|  | (no more than 90 days after amendment file date)   |                         |
| Note: If the date inserted in this bedocument's effective date on the De | plock does not meet the applicable statutory filing requirements, this date we partment of State's records.                                  | ill not be listed as th |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                         |
| The amendment(s) was/were add by the shareholders was/were su            | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.   |                         |
|  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                         |
|  | for the amendment(s) was/were sufficient for approval  |                         |
| by   | (voting group)   |                         |
|  | (voting group)   |                         |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the board of directors without shareholder action and shareholder   |                         |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the incorporators without shareholder action and shareholder  |                         |
| 11/07/2010<br>Dated  | s A A  |                         |
| Signature  | Mallfille  |                         |
| (By a d  | lirector, president or other officer - if directors or officers have not been  |                         |
|  | d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)                              |                         |
| •  | DANIEL E RIERA   |                         |
|  | (Typed or printed name of person signing)  |                         |
|  | PRESIDENT  |                         |
|  | (Title of person signing)  |                         |