P15000088749

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C LEWIS

COVER LETTER ...

Division of Corporations
NAME OF CORPORATION: FS & GS, Inc. DOCUMENT NUMBER: P15000088749
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Ordaz
FS & GS Inc.
8396 Bahamas Rd.
F+. Myers F1. 33967 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Loreto Perez 1,239, 243-5857
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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		Articles of Inco	rporation	15 MOV 22 DV -
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F 3 &	,65) In	1C.	
O:= = (N	ame of Corpor	ation as currently	filed with the Flor	ida Dept. of State)
Y1500	OO	887	-49	
	(Doc	cument Number of	Corporation (if know	vn)
ursuant to the provisions of sections Articles of Incorporation:	ı 607.1006, Floi	rida Statutes, this F	Iorida Profit Corpo	ration adopts the following amendment(s
. If amending name, enter the n	ew name of the	e corporation:	/ A	The new
ame must be distinguishable and	l contain the v	vord "corporation	" "company," or	"incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the a	designation "Co	orp," "Inc," or "C	Co". A professional	corporation name must contain the
ord "chartered," "professional as	sociation," or t	the abbreviation "F	P.A."	/ ^
3. Enter new principal office add		bloc	N	IA
rincipal office address <u>MUST Bl</u>				
rincipal office data cas arous 122	271 G1REET 71	DDKLOO /		
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77.4				1.
. Enter new mailing address, if (Mailing address MAY BE A P.		PAVI	N	
(Muning und ess MAT DE AT	OST OFFICE	BOX)		
The same discrete was interested and		-4 1 - 6M 1 1		41
 If amending the registered age new registered agent and/or th 	<u>nt and/or regis</u> se new register	sterea omce adaress:	<u>ss in Florida, enter /</u>	the name of the
new registered agent alter of th	ic new regimes	L L	/ N	
Name of New Registered A	gent	N		
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		(Florida stre	ei aaaressi	
New Registered Office Add	ress:	NI	H	, Florida
	·	(City)	(Zip Code)
ew Registered Agent's Signature	e, if changing F	Registered Agent:		Or a fall of
hereby accept the appointment as	registered agen	t. I am Jamiliar w	ith and accept the ol	oligations of the position.
		1		
		κ	N	
		1// 1		
	Si	ignature of New Re	gistered Agent, if ch	anging

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 D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally S	mith			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	AMP	<u>5</u> R	Romelia	A Rodrique	2 Naranjo	
\angle Add				1	3165 NW 98 Stre	2
Remove					Miami, Fl. 33147	
2) Change		_				
Add						
Remove						
3) Change						
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		<u>-</u>		 		
Add						
Remove						
6) Change		_				
Add						
Remove						

mending or adding additional Articles, enter change(s) here:
ach additional sheets, if necessary). (Be specific)
NIA
n owendwent provides for an avalance realessification are seasible in a figure 1 shows
n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NIA

The date of each amendment(s) adoption: November 17, 2015 other than the date this document was signed.
Effective date if applicable: November 17, 2015 15 NOV 23 PM 2: 49 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
$Dated_{11}/17/2015$
Signature
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Eric Ordaz
(Typed or printed name of person signing)
President
(Title of person signing)