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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GALLARDO RAM	IREZ REMODELING CO	DRP
DOCUMENT NUM	BER: P15000093237		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	RUBEN RAMIREZ		
		Name of Contact Person	1
		Firm/ Company	
	531 NE 24TH ST APT A		
	, ,	Address	
	POMPANO BEACH, FL 330	64	
		City/ State and Zip Code	
pazta	x@yahoo.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informatic	on concerning this matter, pleas	e call:	
RUBEN RAMIREZ	·	at (_) 404-3451
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)
-	iling Address		Address ment Section

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CONTROLS

16 MAR 18 PM 3: 46

GALLARDO-RAMIREZ REMODELING CORP		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
15000093237	1	
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida St as Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amen	dment
. If amending name, enter the new name of the corp	oration:	
	The	new
ame must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contain breviation "P.A."	ition the
Enter new principal office address, if applicable:	1	_
Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
		_
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		_
		_
. If amending the registered agent and/or registered		
new registered agent and/or the new registered off	fice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
	·	
ew Registered Agent's Signature, if changing Regist		
nereoy accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.	•
	1	l
•		
Sionatu	ure of New Registered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/din P = President; V= Vice in Executive Officer; CFO = held. President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President Chief I r, Directo in the fo ves the c	pirector becary) Ite by the fact; T= Tree Financial for would a llowing measure or the corporations.	irst letter of the office title: asurer; S= Secretary; D= Director; TR= 1 Officer. If an officer/director holds more be PTD. tanner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These	Frustee; C = Chairman or Clerk; C than one title, list the first letter of PST and Mike Jones is listed as the	EO = Chief each office V. There is
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Sr	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	P		RUBEN RAMIREZ GARCIA	531 NE 24TH ST	_
X Add				POMPANO BEACH, FL 33064	
Remove			:		_
2) Change	P		CHRISTIAN M GALLARDO RAZC	531 NE 24TH ST	
Add		_		POMAPNO BEACH, FL 33064	_
X Remove					_
3) Change					_
Add					_
Remove					_
4) Change					_
Add			•		_
Remove		,			_
5) Change					
Add					
Remove					_
6) Change					
Add					

_ Remove

If amending or adding additional Article	es. enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
· · ·	
•	
	,
,	
it an amendment provides for an exchange provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•
	•
	:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:, date this document was signed.	f other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	be listed as the
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"	9
(voting group)	6 ₹g
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	MAR 18
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	127.77
3/14/2016 Dated	PH-3:46
Signature Y christian Gollardo	
(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)	
CHRISTAN M. GALLARDO RAZO	
(Typed or printed name of person signing)	
PRESIDENT - OWNER	
(Title of person signing)	