## P1600011718

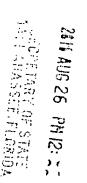
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	GSC FLO	ORS, INC.		
DOCUMENT NUMBER:	P16000011718	·		
The enclosed Articles of Amend	ment and fee are sul	bmitted for filing.		
Please return all correspondence	concerning this mat	ter to the followir	ng:	
		INGRID FI	EIJOO	
		Name of Conta	ct Person	
		INGRID M. FEI.	JOO CPA	PA .
	<del></del>	Firm/ Con	npany	
		113 <b>8</b> 0 NW 34	STREET	
<del> </del>	· · · · · · · · · · · · · · · · · · ·	Addre	ss	
		DORAL, FI	33178	
, <del></del> -		City/ State and	Zip Code	
		pattyvalladares@	yahoo.co	n
E-ma	il address: (to be us	ed for future annu	al report n	otification)
For further information concerning	ng this matter, pleas	e call:		
INGRID FEIJOO		at (	305	477-6680
Name of Contact	Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	ving amoùnt made p	oayable to the Flor	rida Depar	tment of State:
	3.75 Filing Fee & tificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	☐\$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

	of	
	GSC FLOORS, INC.	
(Name of Corporat	tion as currently filed with the Florida Dept	. of State)
	P16000011718	
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation ac	lopts the following amendment(
A. If amending name, enter the new name of the c	ornoration:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional corpora	ratea or the abbreviation ition name must contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	DKESS )	
		32 S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		( ) (
		( <del>)</del>
D. If amending the registered agent and/or registe		e of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Degistered Agent's Circustone if shouring De-	rictored Ament.	
New Registered Agent's Signature, if changing Reginer Reginer Reginer Reginer Registered agent.		of the position.
		• •
		·
Sign	ature 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	LUIS VALLE ORTIZ	10850 SW 3RD STREET
Add XX Remove			MIAMI, FL 33174
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate WA)	Attach addition	adding additional Artic ad sheets, if necessary).	(Be specific)	s) nere:		
provisions for implementing the amendment if not contained in the amendment itself:	***		<u>.</u>			
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provisions for implementing the amendment if not contained in the amendment itself:						
(if not applicable, indicate N/A)	provisions for	implementing the amend	nge, reclassificatio Iment if not conta	on, or cancellation	of issued shares,	
	(if not app	licable, indicate N/A)				
		<u></u>	······································			
					7	
	<del> </del>					

The date of each amendment		_, if other than the
date this document was signed  Effective date if applicable:	MAY 25TH, 2016	
Enecuve date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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)	
_	e adopted by the board of directors without shareholder action and shareholder	S/CAL
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	MAY 25TH, 2016	<b>\</b>
Signature	Contraction 1	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	<del>-</del> ,
	GUSTAVO ALONSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u></u>