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GATES AVENUE, INC.

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DEC 1 5 2016

TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: GATES AVEILLE IN C. DOCUMENT NUMBER: PIGOCOCII 968
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SALVATORE AGGIMENTE Name of Contact Person A/A/A DA VINCI Firm/ Company 18101 MURSOCK CIRCUS Address PORT CHARLOTLE, FLOKIBA. 33948 City/ State and Zip Code Bellenapole 311 & Gmail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHIRLY 1'. FIEINCH, ESC. at (941) E33-5560 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:

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

☐ \$35 Filing Fee

Street Address

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(Additional copy is enclosed)

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Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

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No. 0046 P. 3 FILED SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

2016 DEC 14 AM 8: 39

GATES AVENUE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P16000011988
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "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; (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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 SALVATURE AGE/INENTI
New Registered Office Address: Control Co
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.

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	PT	John D	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
l) Change	<u>D</u>		BUSURIO SIMONE	3301 384 AVENUE 49 LONG TSLUNC City; New York 11016
Add				Ling Island City;
X Remove				New York 11016
2) Change	PTS	2_	SALVATURE ALLIMONTE	23461 Westonester Bull
_X_Add				Unit B 48 FORT CHARLOTTE, FL 33980
Remove	•			FORT CHARLITTE, FL 33980
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	*****	 ,		
Add				
Remove				
6) Change	·	_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
none
77617.0
<u> </u>
. <u>.</u>
F. If 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 N/A)
·,
n/A
\cdot

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: 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 bу (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. (cem his 13,2016 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) 5 ALVATORE AGGINGNOTI,
(Typed or printed name of person signing)

PREQUALITY (Title of person signing)