P16000018460

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R. WHITE ...

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:			
DOCUMENT NUMB	P16000018460 ER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	MAIKEL LAZO LOPEZ			
	Name of Contact Person GEOMETRICK SETS, INC.			
•	10890 SW QUAIL ROOST	Firm/ Company *DR 13 - 15		
	MIAMI, FL 33157	Address		
		City/ State and Zip Cod	e	
mika	3023@gmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MAIKEL LAZO LOPEZ		305 at (546-5650	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	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)	
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 incorporation

LAZO'S SET BUILDING COMPANY, INC.

	ly filed with the Floridal Dept. of State 5:08
P16000018460	.
(Document Number o	of Corporation (if known),
Pursuant to the provisions of section 607.1006. Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: GEOMETRICK SETS, INC.	
name must be distinguishable and contain the word "corporatio" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	10090 QOAII. NOOST DK 13 - 13
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33157
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10890 QUAIL ROOST DR 13 - 15
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI, FL 33157
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Signature of Novo I	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	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			 	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		- <u> </u>		
Add				
Remove				

	nal sheets, if necessa	arv). (Be specifi	c)			
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f an amendm	ent provides for an	exchange, reclas	sification, or car	ncellation of issu	ed shares,	
provisions fo	r implementing the	amendment if n	ot contained in t	he amendment it	self:	
(if not ap	plicable, indicate N	/A)				
```	1	•				
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<u>.</u>		-				
		· <del>- · · · · · · · · · · · · · · · · · ·</del>		· <del></del>	<del>-</del>	
				· <del></del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 08/08/2019	
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 document's effective date on the Department of State's records.	ate will not 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(by the shareholders was/were sufficient for approval.	rs)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  08/08/2019	
Signature + 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 cou appointed fiduciary by that fiduciary)  MAIKEL LAZO LOPEZ	
(Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	