P14000031369

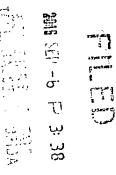
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	G INTERIORS, CORP	
	BER: P16000031369		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GUSTAVO ADOLFO SARA	AVIA	
		Name of Contact Person	55.
	19300 NW 42 AVE	Firm/Company	
	MIAMI GARDENS FL 3305	Address	
	-	City/ State and Zip Cod	e
GAS	BYSD@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
GUSTAVO ADOLFO	O SARAVIA	786 at (303-2136
Name	of Contact Person		de & Daytime Telephone Number
	or 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)
Ām Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently fi	led with the Florid	la Dept. of State)	
(Docume	ent Number of Co	rporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corpord	ation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
	-			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co	'. A professional		the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)			
C. Fatanana and Para allows (formalisable)	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	۔ (ن			
	-			 -
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		in Florida, enter (the name of the	
Name of New Registered Agent			<u> </u>	
 -	/P1 + 1 + + + + + + + + + + + + + + + + +	t.t.		
	(Florida street d	iaaress)		
New Registered Office Address:	(Cii	y)	, Florida	(Zip Code)
			•	507 507 507
New Registered Agent's Signature, if changing Regis	stered Agent:			Printers Printers
I hereby accept the appointment as registered agent. I	am familiar with	and accept the obl	ligations of the po	
			à ·	T1 14 1
			1	ميت لد
Signat	ture of New Regi	stered Agent, if cha	nging	3

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 Doc			
X Remove	<u>V</u>	Mike Jones			
_X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	D	GERSON ANTONIO SARAVIA	14662 SW 50TH TERR		
X Add			MIAMI FL 33175		
Remove					
2)· Change			·		
Add					
Remove					
3) Change			***************************************		
Add					
Remove					
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6) Change					
Add					
Remove					

f amending or addin Attach <i>additional shee</i>	ets, if necessary).	(Be specific)			
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an amendment proprovisions for implem (if not applicable	menting the amend	ige, reclassificati	on, or cancellatio	n of issued shares, dment itself:	
					
				<u> </u>	
					

The date of each amendment(s) ac date this document was signed.	loption:,	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
08/24/2016		
	Duntos.	
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	GUSTAVO ADOLFO SARAVIA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	