P176000 242-38

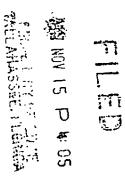
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GASCON INVES	STMENTS, INC				
DOCUMENT NUMBER:	NT NUMBER: P17000024238					
The enclosed Articles of Amenda	nent and fee are su	ibmitted for filing	ļ.			
Please return all correspondence	concerning this ma	atter to the followi	ing:			
		RICHARD I	RIVAS			
		Name of Con	tact Person	1		
		Firm/ Co	mpany			
	PO BOX 267152					
	Address					
	WESTON, FL 33326					
		City/ State and	d Zip Cod	е		
		richardrivas.us(@gmail.co	om		
E-ma	il address: (to be u	sed for future ann	ual report	notification)		
For further information concerning	g this matter, pleas	se call:				
RICHARD RIV	AS	at (
Name of Contact Person			Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow	ving amount made	payable to the Flo	orida Depa	artment of State:		
	.75 Filing Fee & tificate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address				Address		
Amendment Se			Amendment Section			
Division of Corporations				on of Corporations		
P.O. Box 6327 Tallahassee, FL				Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GASCON INVESTMENTS, INC

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)			
P17000024238				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation: N/A	The new			
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	10139 W OAKLAND PARK BLVD			
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33351			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10139 W OAKLAND PARK BLVD			
· · · · · · · · · · · · · · · · · · ·	SUNRISE. FL 33351			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre				
	N/A			
· · · · · · · · · · · · · · · · · · ·	N/A			
(Florida :	street address)			
New Registered Office Address:	, Florida (City) (Zip Code)			
	7			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the posttion.			
	T T T			
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	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	S	RICHARD RIVAS	2853 EXECUTIVE PARK DRIVE
X Add			SUITE 202-A
Remove			WESTON, FL 33331
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	(Be specific)			
N/A				
				
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If an amendment provides for an excha- provisions for implementing the amer	dment if not cont	ained in the am	ion or issueu sna indment itself:	163,
	idille it it it it conta	anca in the ani		
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	November 09, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date with Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	es east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
action was not required.	ere adopted by the incorporators without shareholder action and shareholder	BURNESTA STATE
Nob Dated	vember 09, 2017	SEAL 2017
Signature _		CORIO S
S	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)	The state of
	RICHARD RIVAS	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	