P17000034127

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PAT HAY 30 P 3 40
SEGREFARY-OF STATE
TALLAHASSEE: FLORIDA

JUN 0 6 2017 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GRESORIO UCIN /NC
DOCUMENT NUMBER: <u>P/7000034/27</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person (legolio Vein / NC Firm/Company
(Flagger Vai) Lisa.
Firm/ Company
1555 NE 181 STREFT
Address
Firm/Company 1555 NE 181 STREET Address North Mimmi Beach, FC 33167 City/State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 626 9126 Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee 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

GREGORIO VEIN	INC	
(Name of Corpora	tion as currently filed with the F	orida Dept. of State)
P1700003412	17	
	iment Number of Corporation (if ki	iown)
Pursuant to the provisions of section 607.1006, Florie its Articles of Incorporation:	da Statutes, this Florida Profit Cor	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		TI.
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co". A profession	The new or "incorporated" or the abbreviation nal corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent		
	(Florida street address)	
V . B	(
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the	obligations of the position.
		AHASSA HAY
Sigi	nature of New Registered Agent, if	changing P
		ORIDA 40

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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	P	JIA FOX	1555 NE 181	
Add			North Miami Florida, 33	BeacH
Remove			Florida, 33	162
2) Change	P	ALBecto R	odeignez 1555 NE 19 North Miami	81 St
X Add				
Remove			Florida, 331	168
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				<u> </u>
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

1	(Be specific)
•	
	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchirovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment(s) adoption: $5/30/7$, if o date this document was signed.	iner inan the
Effective date if applicable: 5/20/17 (no more than 90 days after amendment file date)	•
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	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(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	
by" (voting group)	
(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.	
Dated $5/26/17$	
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)	
ALBERTO RO DRIGUEZ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$C\epsilon o$	
(Title of person signing)	