P180000 1018

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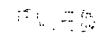
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GE MULTISERVI	ICE OF FLOR	IDA INC.	
DOCUMENT NUM	BER: P18000010918			
The enclosed Article.	s of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	espondence concerning this ma	tter to the follo	wing:	
	Guillermo Rodriguez			
	Name of Contact Person			
GE MULTISERVICE OF FLORIDA INC.				
		Firm/ C	Company	
	216 ORCHID DR			
	Address			
	DAVENPORT, FL 33897			
		City/ State a	and Zip Code	e ·
GUI	ILLERMOJRODRIGUEZ@GN	MAIL.COM		
	E-mail address: (to be us		nnual report	notification)
			-	
For further informati	on concerning this matter, pleas	se call:		
Noleddy Godoy		nt (503	5602033
Name of Contact Person		at (503) 5602033 Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made p	payable to the l	Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy Leopy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	illing Address			Address
	nendment Section			lment Section
	vision of Corporations D. Box 6327			on of Corporations Building
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GE MULTISERVICE OF FLORIDA INC.

18 MAR 30 PM 1: 39

(<u>Name</u>)	of Corporation as current	tly filed with the Florida Dept. of State)		
P18000010918				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
	uation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		216 ORCHID DR DAVENPORT, FL 33897		
D. If amending the registered agent ar new registered agent and/or the ne				
	Guillermo Rodriguez	<u></u>		
<u>Name of New Registered Agent</u>	216 ORCHID DR			
		treet address)		
<u>New Registered Office Address:</u>	DAVENPORT	. Florida		
new negative office marcas.		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.		
	Dun Pan	3		
	Signature of New 1	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 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	P	Noleddy Godoy	216 ORCHID DR		
Add			DAVENPORT, FL 33897		
X Remove			P		
2) Change	Р	Guillermo Rodríguez	216 ORCHID DR		
Add			DAVENPORT, FL 33897		
Remove					
3) Change		-			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	idditional Articles, enter if necessary).—(Be spec	ific)			
	NA				
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n amendment provid ovisions for impleme	les for an exchange, reclenting the amendment if	assification, or ca not contained in t	ncellation of <u>isse</u> the amendment i	ued shares, tself:	
(if not applicable, in	rdicate N/A)				
	X 1 \	<u> </u>			
		<u> </u>	<u> </u>		

The date of each amendment(s) date this document was signed.	adoption: 02/01/2018	, if other than the
Effective date <u>if applicable</u> :		
Enterior date in appareame.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were at by the shareholders was/were	lopted by the shareholders. The number of votes cast for the ame afficient for approval.	endment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareh	nolder
3/27/2018 Dated	·	
Signature	Mullodon	
select	director, president or other officer – if directors or officers have red, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Noleddy Godoy	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	