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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	G SERVICES CORP		
DOCUMENT NUMBER	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	KAREL RODRIGUEZ			
		Name of Contact Person	1	
	K.R REMODELING SERVI	CES CORP		
		Firm/ Company		
	12405 SW 10 ST			
		Address		
	MIAMI, FL 33184			
		City/ State and Zip Code	· -	
For further informatio	E-mail address: (to be us n concerning this matter, pleas	sed for future annual report	notification)	
KAREL RODRIGUE	Z	at (954	696-4349	
Name of Contact Person		Area Coo) 696-4349 le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting 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

K.R REMODELING SERVICES CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	 -
P18000017111		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new name of the corporation:		
K.R SERVICES AND REPAIRS CORP	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation [o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	12405 SW 10 ST	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33184	201
		.061
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 OCT 21 PH
(ordining address SATE BE STOST OFFICE BOX)		· . P
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		بني پن
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:		,,, w
Name of New Registered Agent		
(Florida stre	at oddraset	
	,	
New Registered Office Address:()	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	

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 = ChiefExecutive 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 De	<u> </u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

***************************************	heets, if necessary).	(Be specific)				
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-	.		 -			
						
						
1		· · · · · · · · · · · · · · · · · · ·				
						
				· · · · · ·		
<u>provisions for im</u>	provides for an exc plementing the am able, indicate N/A)	hange, reclassifi endment if not c	cation, or cancel ontained in the a	lation of issued si mendment itself:	nires.	
						
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	<u></u>				•	
		.				
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The date of each amendment(s) adoption:
·
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 filling requirements, this date will not be listed as t document's effective date on the Department of State's records.
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 east for the amendment(s) was/were sufficient for approval
by
 ☑ 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
Dated 10 16 19 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
Typed or printed name of person signing)
President
(Title of person signing)