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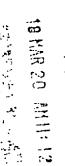
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: G & M REPAIRS	CORP	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	GERARDO A BRAN		
		Name of Contact Person	1 ~
	G & M REPAIRS SERVICE	S CORP	
		Firm/ Company	
	9071 SW 215 TERR		
		Address	
	CUTLER BAY FL 33189		•
		City/ State and Zip Cod	e
For further information	te-mail address: (to be us	sed for future annual report	nouncationy
GERARDO A BRAN		at (870 2555
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G & M REPAIRS SERVICES CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State)
P18000019669	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	Thenew
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	22-17 ° °
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the obligations of the position.
Signatura	e 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	PT John	Doe			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
X Add	<u>SV</u> <u>Sally</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	VPRES	MARCELINO A GARCIA TREJOS	2807 NW 14 ST MIAMI FL 33125		
X Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove			-		
6) Change					
Add					
Dumara					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
The second secon		· ·
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of is idment if not contained in the amendment	sued shares, itself:
-		

The date of each amendment(s) :	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
03/15/20	18	
Dated		
Signature *	2004	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	GERARDO A BRAN	
	(Typed or printed name of person signing)	<u>-</u>
	PRESIDENT	
	(Title of person signing)	