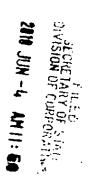
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## **COVER LETTER**

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SECRETARY OF SIGN
SIVISION OF CORPORATION

TO: Amendment Section
Division of Corporations

2818 JUN -4 AM 11: 56

NAME OF CORP	ORATION: GLASSWING SEV	WING INC		
	MBER: P18000040714			
	les of Amendment and fee are su	bmitted for fili	ng.	
Please return all co	rrespondence concerning this ma	tter to the follo	wing:	
	AIMEE BURGOS			
	-	Name of Co	ontact Person	n
	A & B CONSULTING ENT	PRISES INC		
		Firm/ C	Company	
	1929 W 60TH ST		. ,	
		Ad	dress	<del></del>
	HIALEAH FL 33012			
		City/ State :	and Zip Cod	c
air	nee@abconsultingfl.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informa	tion concerning this matter, pleas	se call:		
AIMEE BURGOS		at (	305	827-0028
Nan		Arça Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the l	Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILLE SECRETARY OF STATE JIVISION OF CORPORATION

GLASSWING SEWING INC

/N 66	anthy filed with the Elevis D. 2010 JUN -4 AN II: 50
P18000040714	ently filed with the Florida Dept. of State)
(Document Number	er of Corporation (if known)
	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GLASSWINGS SEWING INC	-
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co" A professional composition name and the state
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addr	ddress in Florida, enter the name of the ess:
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	(City) , Florida, Florida
	(City) (Zip Code)
Sew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: r with 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 = 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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additiona	al sheets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
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			-
. <u>If an amendmer</u>	nt provides for an exch	nange, reclassification, or cancellation of issued shares,	
<u>provisions for i</u>	implementing the amer	ndment if not contained in the amendment itself:	
	icable, indicate N/A)		
∛A	<u> </u>		

• • •	05/01/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
05/	01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	ate) .
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the aufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	areholder
05/25/201 Dated	·	
Signature	velyng Bauch de Espinger.  director président or other officer - if directors or officers ha	
(By a	firector président or other officer – if directors or officers ha	ve not been
select	ed, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)	or other court
	EVELYNG GEOVANIA OBANDO DE ESPINOZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	