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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: G.S.E.M. INC.		
DOCUMENT NUMI	P18000058112		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Giovanni Augusto Cadenas		
		Name of Contact Person	1
		Firm/ Company	
	23140 SW 113 PSGE		
		Address	
	Miami Fl. 33170		
		City/ State and Zip Cod	e
jlineg	garcia@yahoo.es		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Jacqueline Garcia		at (<u>305</u>	562-1110
Name	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	ling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
Tall	ahassee. FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

G.S.E.M. INC.		
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of State)
P18000058112		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
		₩
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		N/A SSA T
		<u> </u>
D. If amending the registered agent an new registered agent and/or the new		
	Giovanni Augusto Cade	
<u>Name of New Registered Agent</u>		
	23140 SW 113 PSGE	
		street address)
New Registered Office Address:	Miami	FI
		(City) (Zip Code)
		(Exp Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt: r with and accept the obligations of the position.
Thereby accept the appointment as regist	егей адет. Тат јатина	with and accept the obligations of the position.
•	Signature of New	Rogistered 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	<u>PT</u> <u>Joh</u>	in Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Giovanni Augusto Cardenas	23140 SW 113 PSGE
Add			Miami FL 33170
X Remove			
2) Change	Р	Giovanni Augusto Cadenas	23140 SW 113 PSGE
XAdd			Miami FL 33170
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
Correcting the last name of the president	instead of Giovanni Augusto Cardenas	, the name is Giovanni Augusto Cadenas
	.	
. If an amendment provides for an ex	change, reclassification, or cancellation	on of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amer	ndment itself:
N/A		
		11.00
		*··
	·	
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of voby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting ground the separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	······································
 The amendment(s) was/were adopted by the board of directors without share action was not required. The amendment(s) was/were adopted by the incorporators without sharehold action was not required. 	
Dated	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Giovanni Augusto Cadenas	
(Typed or printed name of perso	on signing)
President	
(Title of person sign	ning)