P180000 15471

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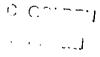
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COVER LETTER

Division of Corporations GRACE & GALA, INC. NAME OF CORPORATION: _ P18000075477 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LILIA E. DIANEZ MARTI Name of Contact Person GRACE & GALA, INC. Firm/ Company 4754 SW 72 AVE Address MIAMI, FL 33155 City/ State and Zip Code INFO@GRACEANDGALA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LILIA E. DIANEZ MARTI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **35** Filing Fee **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

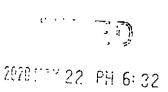
Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



GRACE & GALA, INC.

(Name of Cornoration as currently filed with the Florida Dept. of State)

(Name of Corporation as	currently filed with the b	lorida Dept. of State)
P18000075477		
(Document N	lumber of Corporation (if I	tnown)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ntes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpord Inc.," or Co.," or the designation "Corp," "Inc," or ' chartered," "professional association," or the abbreviatio	"Co". A professional co	corporated" or the abbreviation "Corp"
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent		nter the name of the
(F	lorida street address)	
New Registered Office Address:		, Florida
	(City)	(Zīp Code)
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		a obligations of the position
nereby accept the appointment as registered agent. I am j	атшаг wun апа ассері іп	е оонданопѕ ој те роѕнюп.
Signature o	of New Registered Agent, i	changing
theck if applicable		
ners a apparame		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	Y	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	MARIA DE GRACIA GOMEZ	9745 SW 58th STREET
Add			MIAMI, FL 33173
XXX Remove			
2) Change	S	WILMA SANTALLA DIANEZ	9745 SW 58th STREET
xx Add			MIAMI, FL 33173
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>	ing additional Article eets, if necessary). I	(Be specific)			
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f an amendment pi	rovides for an exchar	ige, reclassificațio	on, or cancellation	of issued shares,	
provisions for imp (if not applicab	lementing the amend le, indicate N/A)	ment if not conta	ined in the amen	<u>dment itself:</u>	
(η ποι πρηπιτιο	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					
					-

	MAY 4, 2020	, if other than the
The date of each amendment(s) at date this document was signed.	option:	, if other than the
M/ Effective date <u>if applicable</u> :	.Y 4, 2020	
	(no more than 90 days after ame	endment file date)
Note: If the date inserted in this bl document's effective date on the De		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of director	rs without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of voti fficient for approval.	es cast for the amendment(s)
	roved by the shareholders through voting groeach voting group entitled to vote separately	
	for the amendment(s) was/were sufficient for	
by	(voting group)	·
	(voting group)	
MAY 14.	2020	
Dated	111	
Signature	4	
selected	rector, president or other officer – if directors , by an incorporator – if in the hands of a rec ed fiduciary by that fiduciary)	
	LILIA E. DIANEZ MARTI	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signing)	