P19000026325

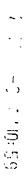
(Req	uestor's Name)
bbA)	ress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: G & D REPAIRS I	NC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YOANDI DELGADO		
- -	G & D REPAIRS INC	Name of Contact Persor	1
-		Firm/ Company	
	16791 SW 298TH TERR	, ,	
-		Address	
	HOMESTEAD, FL 33030		
-		City/ State and Zip Code	2
	yoandidelgado79@gmail.con	n	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call: at (350-6456
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation οſ

	(21) -9 (11)0:50		
(Name of Corporation as current	y filed with the Florida Dept. of State)		
P19000026325			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
G & D LIMITED RESIDENTIAL REPAIR INC	The new		
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	2950 NW 208 TERR		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI GARDEN, FL 33056		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2950 NW 208 TERR		
· · · · · · · · · · · · · · · · · · ·	MIAMI GARDEN, FL 33056		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the		
D. II amending the registered agent and/or registered office add			
new registered agent and/or the new registered office address	-		
new registered agent and/or the new registered office address	_		
new registered agent and/or the new registered office address			
new registered agent and/or the new registered office address N/A Name of New Registered Agent	reet address)		
new registered agent and/or the new registered office address N/A Name of New Registered Agent			

Check if applicable

☐ 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	PT	John Doe		
X Remove	<u>∨</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	, /-	<u>Addres</u> s
1) Change		_ 	N/A	
Add				
Remove				
2) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove 3) Change				
Add				
Remove				15 H 1 - 12
4) Change				
Add				
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an amendment provides fo	r an exchange, reclass	ification, or cancellat	ion of issued sha	res,
rovisions for implementing	the amendment if no	ification, or cancellat t contained in the am	ion of issued sha endment itself:	res,
an amendment provides for implementing (if not applicable, indicate	the amendment if no	ification, or cancellat t contained in the am	ion of issued sha endment itself:	<u>res,</u>
rovisions for implementing	the amendment if no e N/A)	t contained in the am	ion of issued sha endment itself:	<u>res.</u>
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an amendment provides for provisions for implementing (if not applicable, indicated)	the amendment if no e N/A)	t contained in the am	ion of issued sha endment itself:	res.

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of di action was not required.	rectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	
(voting group)	
MARCH / 04 / 2021 Dated	
Signature (By a diffector, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
YOANDI DELGADO	
(Typed or printed name of pe	erson signing)
PRESIDENT	
(Title of person signing)	