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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GOMEZ AND SO	N DEVELOPMENT COR	P
DOCUMENT NUME	BER: P19000056639		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	CHRISTOPHER GOMEZ		
		Name of Contact Perso	n
	GOMEZ AND SON DEVEL	OPMENT CORP	
	.	Firm/ Company	
	8500 SW 109 AVE APT 223		
		Address	
	MIAMI, FL 33173		
		City/ State and Zip Cod	c
CHRI	SGOMEZFENCE@GMAIL.	СОМ	
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
CHRISTOPHER GOMEZ		at (807-3180
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

GOMEZ AND SON DEVELOPMENT CORP

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P19000056639	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
PHOENIX DEVELOPMENT INC	TI
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," 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 STREET ADDRESS)	======================================
	= - 목
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(muning duaress MAT BE A FOST OFFICE BOX)	
	97. 9
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
N/A	uu:
Name of New Registered Agent	
(Florida e	street address)
N/A	N/a
New Registered Office Address:	(City) , Florida (Zip Code)
	(24) Code)
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>
hereby accept the appointment as registered agent. I am familiar	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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding add</u> (Attach additional sheets, if	necessary).	(Be specific)			
N/A					
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If an amendment provides	for an exchai	nge reclassifica	tion or concellation of i	served observe	
provisions for implementi	ng the amend	lment if not cor	tained in the amendmen	sucu snares, t itself:	
(if not applicable, indic	cate N/A)			<u> </u>	
Λ					
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•	N/A	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-)/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the afficient for approval.	nmendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action an	d shareholder
	opted by the incorporators without shareholder action and sha	areholder
action was not required.		
8/30/2019		
Dated	Jacquit ?	
Signature(By a d	lirector, president or other officer - if directors or officers ha	ve not been
selecte	d, by an incorporator / if in the hands of a receiver, trustee, of	
appoin	ted fiduciary by that fiduciary)	
	JACQUELINE OLIVA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	