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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GENERAL SERV	ICES R & G CORPORAT	ION	
	1BER: P19000070570			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	RAUL A GODOY			
		Name of Contact Person	n	
	2545 TAFT ST APT 209HO	LLYWOOD, FL 33020		
		Firm/ Company		
		Address		
	2545 TAFT ST APT 209 HO	DLLYWOOD, FL 33020		
		City/ State and Zip Cod	e	
	firstpayabsolutions@gmail.co	om		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call: at (⁵⁶¹	, 4253967	
Name	e of Contact Person	at (Area Co) de & Daytime Telephone Number	
Enclosed is a check :	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GENERAL	SERVICES	R & G	CORPOR	ATION

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000070570			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	3831 W STATE ROAD 84 UNIT 203		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DAVIE FL 33312		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address:			
Name of New Registered Agent			
	<u> </u>		
(Florida stre	at address)		
(i tiritua sire	· · · ·		
New Registered Office Address:	, Florida		
	City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.		
	, , , ,		
Signature of New Re	gistered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (a	A 12 C		

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			_
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

Attach <i>additional sh</i>	ling additional Au wets, if necessary)	. (Be specific)				
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<u>f an amendment p</u>	rovides for an exc	change, reclassi	fication, or cance	llation of issued	shares.	
<u>provisions for imp</u>	lementing the an	rendment if not	contained in the	amendment itsel	<u>f:</u>	
(if not applicat	ole, indicate N/A)					
				<u> </u>		
				_ ·		
 						

The date of each amendment(11/16/2020) adoption:	, if other than the
date this document was signed.	1/16/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east e sufficient for approval.	for the amendment(s)
	approved by the shareholders through voting groups. To for each voting group entitled to vote separately on the	
"The number of votes of	ast for the amendment(s) was/were sufficient for approv	ral
by		
	(voting group)	_
D1		
Dated	nth,	
Signature	maut pory	
sele	a director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to binted fiduciary by that fiduciary)	cers have not been rustee, or other court
	RAUL GODOY	
	(Typed or printed name of person signing	()
	PRESIDENT	
	(Title of person signing)	1, b 1, 1, 1