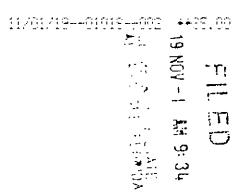
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T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GMA. H CORPO	RATION	
DOCUMENT NUMBER:	P19000077737		
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
		Name of Contact Person	1
]	RANI GONCALVES DE A	ARAUJO
		Firm/ Company	
		GMA. H CORPORATIO	N
		Address	
		1524 S 28TH AVENUE	
		City/ State and Zip Code	e
		HOLLYWOOD, FL 33020	
E-ma	il address: (to be us	sed for future annual report	notification)
For further information concerning		954	665-0642
Name of Contact		at (Area Co) de & Davtime Telephone Number
Enclosed is a check for the follow			•
	3.75 Filing Fee & tificate 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 Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee. Fl	ection rporations	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

GMA. H CORPORATION

(Name of Corporation as currently file	d with the Florida Dept. of State)	
P19000077737			
(Document Number of Cor	poration (if known)		<u></u> ,
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit Corporation adopts the f	ollowing ame	ndment(s) to
A. If amending name, enter the new name of the corporation:		Thu	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	the abbrevi	iation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	 		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			.
		- - - - - - -	A response
D. If amending the registered agent and/or registered office address i	n Florida, enter the name of the		: 1
new registered agent and/or the new registered office address:	Tristian enter the mane of the	-	;- ;:n
Name of New Registered Agent		<u></u>	; ' i
		ယ် ကြွ	
(Florida street ac	ldress)	4	
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 with a	and accept the obligations of the po	sition.	
Signature of New Regist	ered 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	ROSICLEIA GONCALVES DE ARAUO	1524 S 28TH AVENUE
Add		-	HOLLYWOOD, FL 33020
Remove			
2) X Change	T	IRANI GONCALVES DE ARAUJO	1524 S 28TH AAVENUE
Add		-	HOLLYWOOD, FL 33020
Remove			>
3) Change			19
Add		-	
Remove		-	
4) Change			99.3
Add		-	
Remove			
5) Change			
Add		-	
Remove		-	
6) Change			
Add		-	
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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<u> </u>			
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		19 NOV -	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	##? • .	101	
provisions for implementing the amendment if not contained in the amendment itself:		1	
(if not applicable, indicate N/A)	77.	:+-x	
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• • •	10/23/2019	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
	10/23/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	II not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	-
100%		19 110V -1
by	(voting group)	ā m
	(voting group)	مديد مديد
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder.	1 30
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	至9:34
10/23/2019		
Dated		
/	ļ	
Signature	laujo	
(By a di	rector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	IRANI GONCALVES DE ARAUJO	
•	(Typed or printed name of person signing)	
	TREASURY	
-	(Title of person signing)	