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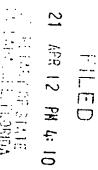
(Req	uestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: GUTIERREZ CON	MPLETE SERVICES, INC			
DOCUMENT NU	MBER:				
	<i>les of Amendment</i> and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	ELISANDRO GUTIERREZ				
		Name of Contact Person	1		
	GUTIERREZ COMPLETE SERVICES, INC				
		Firm/ Company			
	PO BOX 854				
		Address			
	BELLE GLADE, FLORIDA	33430			
	·	City/ State and Zip Code	e		
	GUTIERREZCOMPLETESE	ERVICES@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, plea	se call:			
ELISANDRÓ GUT	TERREZ	561 ut (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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

GUTIERREZ COMPLETE SERVICES, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P20000003350			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this 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," ' "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	925 NE 29TH STREET		
(Principal office address MUST BE A STREET ADDRESS)	BELLE GLADE, FLORIDA 33430		
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 add new registered agent and/or the new registered office addres.	lress in Florida, enter the name of the s:		
Name of New Registered Agent			
(Florida st. <u>New Registered Office Address</u>):	(City) Florida (City) (City) Florida (City)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	ti with and accept the obligations of the position.		
Signature of New F	Registered Agent, if changing		

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	<u>PT</u>	John Doe		
X Remove	V	Mike Jone	<u>es</u>	
<u>X</u> Add	<u>SV</u>	Sally Şmit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	<u>Same</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		 _		
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional	dding additional Art sheets, if necessary).	(Be specific)			
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<u>f an amendment</u>	provides for an excl	<u>hange, reclassific</u>	ation, or cancella	<u>ation of issued sha</u>	res,
provisions for in	nplementing the ame	<u>endment if not co</u>	nțained in the ar	<u>mendment itself:</u>	
(if not applic	able, indicate N/A)				
 -					
		_			
			_		
				-	

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The date of each amendment(s) date this document was signed.	3/23/2021 adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	·j
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were at by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	tvoting group)	
3/23/202 Dated	l	
Signature 9	Cont Cont	
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	ELISANDRO GUTIERREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .