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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GTS MAINTNAN	CE INC		
DOCUMENT NUM	IBER: P23000022038		 	
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	SARDINAS REYES, OSVA	LDO		
		Name of Contact Person	n	
		Firm/ Company		
	8606 NW 57TH CT			
		Address		
	TAMARAC, FL 33321			
		City/ State and Zip Cod	e	
	alex@suarez-baster.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
SARDINAS REYES	S, OSVALDO	at (305	de & Daytime Telephone Number	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	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		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee	
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GTS MAINTNANCE INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P23000022038		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:		ıt(s)
A. If amending name, enter the new name of the corporation:	:	
GTS MAINTENANCE INC	– 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.	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	20	
	A P.	η
C. Enter new mailing address, if applicable:	30 L	
(Mailing address MAY BE A POST OFFICE BOX)		71
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		••••
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.		
Name of New Registered Agent		
(Florida	la street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		
C:	nu Pacietavad Scant if abancing	
Signature of Ne	ew 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)

Example:

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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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 additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· <u> </u>	
	
	<u> </u>
	<u></u> .
	hange, reclassification, or cancellation of issued shares,
<u>If an amendment provides for an exc</u>	natige, rectassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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	adoption:	, if other than the
date this document was signed.	20/22	
03/ Effective date <u>if applicable</u> :	30/23	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
must be separately provided fo	proved by the shareholders through voting groups. The following stateme, reach voting group entitled to vote separately on the amendment(s):	n!
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	rvating groups	
03/30/23	\wedge	
Dated		
C:	$\mathcal{L}(\mathcal{W})$	
Signature(By a	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	SARDINAS REYES, OSVALDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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