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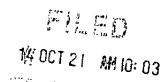
C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GUJOR, 1 ER: P960000859	NC. 928	
	of Amendment and fee are su		
Please return all corres	pondence concerning this mat	tter to the following:	
	Roberta Simoe	es ·	
- - -	GUJOR, Inc	Name of Contact Persor	1
!	9605 NW 79th	Firm/ Company Ave. STE #17	7
- 	Hialeah Garde	Address ns, FL 33016	
-		City/ State and Zip Code	——————————————————————————————————————
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)
Fernando Farias at (305) 823-3322			
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



GUJOR, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000085928

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	lorida Statutes, this <i>Fl</i>	orida Profit Corpor	ation adopts the following	amendmen
A. If amending name, enter the new name of the SOUTH FLORIDA CATE		/ENTS, In	C.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered." "professional association," or	Corp," "Inc," or "Co	". A professional	'incorporated" or the abl	breviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			
D. If amending the registered agent and/or reg new registered agent and/or the new registered		s in Florida, enter	the name of the	
Name of New Registered Agent				
	(Florida street	address)	<u></u>	
New Registered Office Address:	(City)		Florida(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		h and accent the ob	ligations of the position	
i nereo) accept the appointment as registered age	eni. – i am jaminar wil	н ини иссері іне оп	ugunons oj me posmon.	
Signature	of New Registered Ag	ent, 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.

X Change	PT Jo	hn Doe	•
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Denise Simoes	9605 NW 79th Ave
Add		• ,	STE #17
Remove			Hialeah Gardens, FL 33016
2) Change		FF80	
Add			
Remove			
3) Change			
Add Add			
Remove			
4) Change			
Add			
Remove			
5) Change		•	
Add			
Remove			
6) Change		_	
Add			
Pamaya			

	. (Be specific)
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· •	
	W. Int

an amendment provides for an exc	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
	isbuttett it not contained in the amendment tisen.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Oct 15th 2014	
Effective date if applicable: OCL. 15th, 2014 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/15/2014	
Signature Karaman) M.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that (iduciary)	_
ROBERTA SIMOES	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_