524144

(Re	equestor's Name)			
(Ad	ldress)			
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SECRETARY OF STATE

O LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GRA-MOR ENTE	RPRISES, INC.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MAX CASIMIR		
		Name of Contact Person	
	4821 HARRISON STREET		
		Firm/ Company	
	HOLLYWOOD		
		Address	
	FLORIDA, 33021		
		City/ State and Zip Code	
MC/	A.XTREME@YAHOO.COM		
	-	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (_347	418-6464
Name of Contact Person		Area Coo	le & Daytime Telephone Number
	or the following amount made		-
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED SELBETARY OF STATE DIVISION OF CORPORATION.

GRA-MOR ENTERPRISES, INC.

2016 JUL | | AM | |: 07

(Name o	of Corporation as currently	filed with the Florida	Dept. of State)
S24144			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporatio	on adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional con	
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S'</u>	TREET ADDRESS)		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and the second seco	OFFICE BOX) d/or registered office addre	ss in Florida, enter the	e name of the
new registered agent and/or the nev			
Name of New Registered Agent	MAX CASIMIR		
	4821 HARRISON STREET		
	(Florida stre	et address)	
New Registered Office Address:	HOLLYWOOD		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl		ith and accept the oblig	ations of the position.

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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address		
1) Change	DP	MAX CASIMIR	4821 HARRISON STREET		
X Add			HOLLYWOOD, FL 33021		
Remove					
2) Change	DVP	GOWMATIE MADRAY	4821 HARRISON STREET		
X Add			HOLLYWOOD, FL 33021		
Remove					
3) Change	DP	JOEL NAPARSTEK	20185 E. COUNTRY CLUB DR.		
Add			APT. 806		
X Remove			AVENTURA, FL 3304		
4) Change	DVP	HOWARD HOFFMAN	411 E. SHERIDAN STREET		
Add			DANIA, FL 33004		
X Remove					
5) Change	DT	MITCHELL KIRSCHNER	411 E SHERIDAN STREET		
Add			DANIA, FL 33004		
X Remove					
6) Change					
Add					
Pemaya					

•	eets, if necessary).	cles, enter chan (Be specific)			
					
				<u> </u>	
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		nange, reclassifi	cation, or cancella	tion of issued share	<u>28,</u>
f an amendment p	rovides for an excl	ndment if not c	ontained in the an	CHOHICHT HACH	
provisions for imp	rovides for an excludementing the ame ble, indicate N/A)	ndment if not c	contained in the an	enument usen.	
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provisions for imp	lementing the ame	ndment if not c	ontained in the an	CHUMCHT ILSCH.	
If an amendment p provisions for imp (if not applicat	lementing the ame	ndment if not c	ontained in the an	CHUMCHT ILSCH.	

The date of each amendment(s)	6/22/16 adoption:	, if other than the
date this document was signed.		Färr
7/1	/2016	SECRETARY OF STATE
Effective date <u>if applicable</u> :		CANDAGE OF CORPORATION
	(no more than 90 days after amendment file date)	2016 JUL 11 AM 11: 07
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment of the special of the amendment of the shareholders.	ent(s)
	oproved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were accaction was not required.	lopted by the incorporators without shareholder action and shareholde	r
6/22/16		
Dated		
a a		
Signature	Halotrot	
(By d	rector president or other officer - if directors or officers have not be	een
select	ed, by an incorporator - if in the hands of a receiver, trustee, or other	court
appoi	nted fiduciary by that fiduciary)	
	MAX CASIMIR	
	(Typed or printed name of person signing)	
	DIRECTOR AND PRESIDENT	
	(Title of person signing)	