P190000 54451





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Amend Mame

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: COMPLAINT GM	P INC		
DOCUMENT NUMBE	R: P19000054451			
The enclosed Articles of	**Amendment and fee are sul	bmitted for filing.		
Please return all correspond	ondence concerning this mat	tter to the following:		
R	ozelle Wiltshire-Smith			
_		Name of Contact Persor	1	
C	ompliant GMP Inc			
_	Firm/ Company			
P	O Box 290066	, ,		
_		Address		
Fe	ort Lauderdale, FL 33329			
_		City/ State and Zip Code	3	
razelles	mith@outlook.com			
Tozenes	-	ed for future annual report	notification)	
	E-man address, (to be us	ea for fatare annual report	normeanon)	
For further information of	concerning this matter, pleas	e call;		
Rozelle Wiltshire-Smith		305 at (915-0115	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

COMPL	AINT	GMP	INC
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)	(5)
P19000054451		
(Document Number	of Corporation (if known)	(
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	zing amendme
A. If amending name, enter the new name of the corporation:		
COMPLIANT GMP INC		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu-	abbreviation
B. Enter new principal office address, if applicable:	3850 S University Drive #290066	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33329	
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 address registered agent and/or the new registered office address		
new registered agent and/or the new registered office address	<u> </u>	
Name of New Registered Agent	-	
(Florida s	treet address)	
New Registered Office Address:	, Florida	in Coda)
	(Ci)) (2.	p Coucy
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		1.
Signature of New	Registered Agent, if changing	_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

	:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this it of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment for approval.	nt(s)
	y the shareholders through voting groups. The following state of the group entitled to vote separately on the amendment(s):	ement
"The number of votes east for the	imendment(s) was/were sufficient for approval	
by	,·"	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
07/15/2019		
Dated Signature	Math	
(By a director, selected, by an	president or other officer – if directors or officers have not bee incorporator – if in the hands of a receiver, trustee, or other ed diary by that fiduciary)	
Rozelle	Wiltshire-Smith	
	(Typed or printed name of person signing)	
CEO		
	(Title of person signing)	