489936

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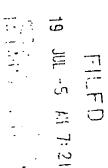
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ion: <u>GA-M</u> A	2 ASSOCIA	7435 INC.
DOCUMENT NUMBER	: <u>489936</u>	o	<u> </u>
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
_		SAVI CA Name of Contact Person	1
GA-MA = ASSOCIATES INC			
_	404 CYPR	Firm/Company 655 COAD Address	
_	OCALA FL	31172 City/ State and Zip Code	
E-mail address: (To be used for future annual report notification)			
For further information concerning this matter, please call:			
FRANK M.	CAVILA ontact Person	at (<u>352</u> Area Coo	n 189 - 4722 de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
Mailina	Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

GA-MA & ASSOCIATES INC	· ·
	y filed with the Florida Dept. of State)
489936	<u></u>
(Document Number o	f 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 "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	: <u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
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, 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> <u>Mike Jones</u>		
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PTD	FRANK M. GAVILA	3021 SE 45thch. OCALA FL 34180
Add			OCALA FL STANO
Remove			
2) Change	<u>5</u>	MARY GAVILA	30215C 45th Ct. OCALA FL 34480
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)	
		
		
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(if not applicable, marcule 1974)		
		
·		
		_
		_

The date of each amendment(s) adoption: 5/18/19	, if other than the
date this document was signed.	
Effective date if applicable: S 18 1 1 (no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	·
The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Signature Trans Mass	
(By a director, president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	if directors or officers have not been ds of a receiver, trustee, or other court
FRANK M. (Typed or printed name	SAVI OF cof person signing)
PRASIDENT	rson signing)