## 710793

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## COVER LETTER

TO: Amendment Section Division of Corporations Green Gable, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amber Viladesau (Name of Contact Person) Green Gable, Inc. (Firm/ Company) 5810 NW 12th St Apt B (Address) Sunrise, FL 33313 (City/ State and Zip Code) amber.viladesau@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dave Sinclair 954 448 1248 (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building Tallahussee, Fl. 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

Green Gable, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 710793 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: the new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent  $\overline{I}$  am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing

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If agiending 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 X Remove X Add	<u>V</u> <u>Mil</u>	<u>m Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Dave Sinclair	11451 NW 23rd St
Add			Plantation, FL, 33323
Remove			
2) X Change	VP	Amber Viladesau	5810 NW 12th St Apt B
Add			Sunrise, FL 33313
Remove			
3.) X Change	VP	Daniele D'Ambrosio	966 Nautilus Isle
Add			Dania Beach, FL 33004
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

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The date of each amend		, if other than th
date this document was si	gned.	
Effective date if applica	ble:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	will not be listed as the
Adoption of Amendmen	(S) (CHECK ONE)	
The amendment(s) was/were sufficient	ras/were adopted by the members and the number of votes cast for the amendment for approval.	(8)
☐ There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated _ Signature _	Mnh M	
h	y the chairman or vice chairman of the board, president or other officer-if director ave not been selected, by an incorporator — if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
	Amber Viladesau	
	(Typed or printed name of person signing)	-
	Director	
	(Title of person signing)	-