# H31184

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Gem Ornamentals.	, Inc.	
DOCUMENT NUMBI			<del>,</del>
	f Amendment and fee are su	binitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
5	Scott A. Smothers		
· Land		Name of Contact Person	1
9	Smothers Law Firm, P.A.		
		Firm/ Company	distribution to the state of th
1	75 East Main Street, Suite 1		
_		Address	
4	Apopka, Florida 32703		
, –		City/ State and Zip Cod	e
scott@	smotherslawfirm.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information  Scott A. Smothers	concerning this matter, pleas	407	814-3900
Name of	Contact Person	at (	)de & Daytime Telephone Number
	the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILED

17 NOV -3 AH II: 16

Gem Ornamentals, Inc.		SECRETARY OF STATE
(Name of Corp	oration as curren	tly filed with the Florida Dept. of State)
H31184		
(1	Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Fits Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
N/A		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," o	"Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
		N/A
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROV)	N/A
	<u> </u>	
D. If a regulating the precise and a rest and (an area		durantia (Navida automatica nama afitica
D. If amending the registered agent and/or re new registered agent and/or the new registered.		
N/A		_
Name of New Registered Agem		
	(Florida s	arect address)
New Registered Office Address: N/A		, Florida
		(City) (Zip Code)
No. 10 Personal Company of the Compa		
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as		nt: r with and accept the obligations of the position.
100 mm man and a second on the	, , ,	
	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: $\underline{X}$ Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>s</u>	Helen K. Henny	15224 C.R. 448
XAdd			Tavares, FL 32778
Remove			***************************************
2)Change			APPRATE NATIONAL APPRATE APPRA
Add		,	ANALOGICA
Remove			
3) Change		THE THE SHARE SHARE A	
Add			
Remove			
4) Change	<u> </u>		
Add			***************************************
Remove			And Andrews World Programmer Control of the Control
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ai (Attach additional sheets, if necessary)	rticies, enter change(s) nere: ). (Be specific)
N/A	
p = 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
V 2011 12500100 000 000 000 000 000 000 000 000 0	
F. If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate $NA$ ) N/A	
IVA	
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 $\frac{10}{25/17}$	
Signatura Barbura F. Henry	_
(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 fiduciary)	
$\mathcal{F}$	
TARBARA K, HENNY (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Tres; dout	
(Title of person signing)	