K57193

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GABRIE	L'S JEN	\$ 21	MORE,	<u> ۲</u> ۳۷
DOCUMENT NUMBER:	K57193	: ;		· · · · · · · · · · · · · · · · · · ·	_
The enclosed Articles of Amendme					
Please return all correspondence co	ncerning this matter to th	ne following:			
	1.400	1	_		
		A. FABRAN e of Contact Person			
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E-mail a	iddress: (to be used for f	uture annual report r	notification)	· · · · · · · · · · · · · · · · · · ·	_
For further information concerning	·	8 50	, 5	66-937	· 3
Name of Contact Pe	FABIANO rson	Area Cod	_/ e & Daytim	e Telephone N	umber
Enclosed is a check for the following					
	icate of Status Cer (Add	3.75 Filing Fee & nified Copy ditional copy is losed)	Certified	ite of Status I Copy mal Copy	
Mailing Address		Street A			
Amendment Sect Division of Corpo			nent Section of Corpora		
P.O. Box 6327	пинона		ntre of Tal		
Tallahassee, FL 3	2314		. Monroe S see, FL 323	Street, Suite 8 803	10

Articles of Amendment

Articles of Incorporation of

GabRIEL'S TEWTS & MORE, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

K57193

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corpo	
GOBRIEL'S INC.	The new
name must be distinguishable and contain the word "corpor" Inc., " or Co., " or the designation "Corp.," "Inc," or "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A,"
B. Enter new principal office address, if applicable:	2248 TEN OAKS On.
(Principal office address <u>MUST BE A STREET ADDRE</u> .	TALLAHASSEE, FL 32312
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent	
new registered agent and/or the new registered office Name of New Registered Agent	Te address: N/A Florida street address)
new registered agent and/or the new registered office Name of New Registered Agent	Te address: N/A Florida street address)
Name of New Registered Agent	N/A E T
Name of New Registered Agent	(City) Florida (City) Florida (City) Florida (City) Florida (City) Florida (City) Florida (City)
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	Florida street address) (City) Florida (City) Florida (City) Florida (City)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	PT	John Doc		
X Remove	V	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u> </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				

(Attach <i>addi</i>	g or adding addition tional sheets, if necessition is the state of the same of	essary). (Be s	specific)				
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provisions	Iment provides for for implementing	the amendmen	reciassificati	on, or cancem ained in the ar	nendment itse	<u>snares,</u> H:	
(if not	applicable, indicate	r NZA)				_	
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The date of each amendment(s) adoption	1: <u>d-28-20</u>	, 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 document's effective date on the Departme	pes not meet the applicable statutory filing requirements, the ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendn t for approval.	nent(s)
	by the shareholders through voting groups. The following sta- oting group entitled to vote separately on the amendment(s):	itement
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated	120 3. 4 Ci	
selected, by a	president or other officef – if directors or officers have not be incorporator – if in the hands of a receiver, trustee, or other iciary by that fiduciary)	
	LARRY A. FABJANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	