157786

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(Business Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Gomez Barker Ass	sociates. Inc.	
DOCUMENT NUMI	L57786 BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jonathan Kilman		
	Converge Government Affair	Name of Contact Person rs of Florida, Inc.	า
	3250 NE 1st Ave Ste 305	Firm/ Company	
	Miami, FL 33137	Address	· · · · · · · · · · · · · · · · · · ·
		City/ State and Zip Cod	e
jonat	han@convergegov.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Paul Lowell		850 at (728-0861
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

Gomez Barker Associates, Inc.			5
·	of Corporation as curren	tly filed with the Florida Dept. of State)	7
L57786			V
	(Document Number	of Corporation (if known)	υ _.
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		$\mathcal{O}_{\mathcal{C}}$
	<u> </u>		The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
B. Enter new principal office address,		3250 NE 1st Ave Ste 305	
(Principal office address MUST BE A S		Miami, Fl. 33137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3250 NE 1st Ave Ste 305	
		Miami, FL 33137	
D. If amending the registered agent an new registered agent and/or the new	v registered office addres		
Name of New Registered Agent	Paul Lowell		
Name of New Registered rigent	6990 Big Woods Drive		
	(Florida s	treet address)	
New Registered Office Address:	Tallahassee	. Florida	2309
New negisiered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		st: with and accept the obligations of the po	sition.
	Paul	Q 00	
		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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PST	Fausto Gomez	765 Crandon Blvd, PH#10	
Add X Remove			Key Biscayne, FL 33149	
2) Change	VPD	Alina Gomez	765 Crandon Blvd. PH#10	
Add			Key Biscayne, FL 33149	
Remove 3) Change	PD	Jonathan Kilman	3250 NE 1st Ave Ste 305	
X Add			Miami, FI, 33137	
Remove				
4) Change	VST	Paul Lowell	6990 Big Woods Dr	
X Add			Tallahassee, FL 32309	
Remove			_	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

A / n =	sheets, if necessary)	•				
14						
				 		
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i <u>n amendment</u> rovisions for ir	provides for an exemplementing the an	<u>change, reclassi</u> nendment if not	fication, or car contained in th	icellation of issu ie amendment i	<u>ied shares,</u> tself:	
(if not applic	cable, indicate N/A)					
N/A						
- '						
		• • • • • • • • • • • • • • • • • • • •				
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The date of each amendment(s) adoption:	, if other than the
· ·	
Effective date if applicable: (no more that	nn 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's records	oplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	/were sufficient for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated_7/30/2020	
Signature Jantha Kil	officer – if directors or officers have not been
(By a director, president or other selected, by an incorporator – if is appointed fiduciary by that fiduci	n the hands of a receiver, trustee, or other court
Jonathan Kilman	
(Typed or prin	ted name of person signing)
President	
(T	itle of person signing)