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THE ANASSES FLORIDA

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OCT 20 2014 ... WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

1

NAME OF CORPORATION: GALIYE INSULATION CORP				
DOCUMENT NUMBER: M77082				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	FELIX J SERVE	LLO		
	GALIYE INSULA			
	P.O. BOX 66-10	Firm/ Company <b>94</b>		
	MIAMI SPRINGS, FL 33266			
		City/ State and Zip Code	2	
cot	oluis@bellsouth.			
E-mail address: (to be used for future annual report notification)				
For further information	n concerning this matter, pleas	e call:		
FELIX J SERVELLO 326-2589				
Name	of Contact Person	Area Co	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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle	

## Articles of Amendment to Articles of Incorporation of

FILED 14 OCT 10 PH 3: 36

## **GALIYE INSULATION CORP**

ULATION CORP

ALLANASSES, ELOROA

M77082	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t is Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment
<ol> <li>If amending name, enter the new name of the corporation:</li> <li>N/A</li> </ol>	<u>:</u> The new
ame must be distinguishable and contain the word "corpore Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," over the designation of the abbreviation." or the abbreviation.	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	NO CHANGE
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del></del>
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
If amending the registered agent and/or registered office a new registered agent and/or the new registered office address.	
Name of New Registered Agent	
Hame by New Registered Figure	
(Florida	a street address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent.
hereby accept the appointment as registered agent. I am famili	
Signature of New Register	ed 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 De	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	DT		IGNACIO ORTIZ	3174 NW 29 STREET
Add		<del></del>		MIAMI, FL 33142
Remove				
2) Change	D		MARIANO QUIROGA	4226 NW 32ND AVE
Add				MIAMI, FL 33142
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

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. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
IGNACIO ORTIZ RECEIVED 5% OF THE SHARES EXCHANGED FROM
ALREAY ISSUED SHARES; AND MARIANO QUIROGA ALSO RECEIVED 5% OF TH
SHARES EXCHANGED FROM ALREADY ISSUED SHARES.
THE 10 % SHARES WILL COME FROM:
PREVIOIUS SHAREHOLDERS: FELIX J SERVELLO AND MADELYN SERVELLO
YIELD 5% OF THEIR SHARES EACH; ASSIGNED FROM NOW ON TO THE
ABOVE MENTIONED NEW DIRECTORS: QUIROGA AND ORTIZ

The date of each amendmen date this document was signed	t(s) adoption: OCTOBER 6TH OF 2014	, if other than the
Effective date if applicable:	OCTOBER 6TH OF 2014	
interior date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated OC	TOBER 6TH, 201	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
_	FELIX J SERBELLO	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	