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SECRETARY OF STATE
ALLAHASSEE, PLONDA

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Greatest Gift, Inc.	
DOCUMENT NUMBER: NOS OS O	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ryan Buckly (Name of Contact Person)	
/ (Name of Contact Person)	
Greatest Gift, Inc (Firm/Company)	
(Firm/ Company)	
225 Birdie wood Ct	
(Address)	
De Bary, FL 32713	
(City/ State and Zip Code)	
E-mail address: (to be used for luture annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rycan Buckley at 386 956-1498 (Name of Contact Person) (Area Code) (Daytime Telephone Number	
(Name of Contact Person) / (Area Code) (Daytime Telephone Number	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amandment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Crente	st Gift	/NC				
(Name of Corporation as curre	ntly filed with the F	Florida Dept. of State)	_			
Ndga	<u>Nφ 8 φφφφ 37 75</u> (Document Number of Corporation (if known)					
(Document Num	iber of Corporation (i	if known)				
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:			ing			
A. If amending name, enter the new name of the corpora	<u>tion:</u>					
		The n	ρw			
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorpore					
B. Enter new principal office address, if applicable:	225	Birdiewand Ct.	_			
(Principal office address MUST BE A STREET ADDRESS	De B	Birdiewood Ct.				
			5 =			
() Under the address of anticoble	-	67.75 67.75 7.75	P F			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>			
		A 1,4 C	. .			
			23			
		35 ,	_			
D. If amending the registered agent and/or registered off	fice address in Flori	ida, enter the name of the				
new registered agent and/or the new registered office						
Name of New Registered Agent:						
		(Florida street address)				
New Registered Office Address:						
		, Florida				
	(City)	(Zip Code)	_			
New Registered Agent's Signature, if changing Registered	d Agent:					
I hereby accept the appointment as registered agent. I am fo		ept the obligations of the position.				
:	Signature of New Re	gistered 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: XChange X Remove X Add		Doe Jones Smith	
		<u>Title</u>	Name	<u>Addres</u> s
2) _ Change P Shagun Mathur 225 Birdiewood (to X Add	Add	TSC	Ryan Buckley	225 Birdiewood (+ DeBary, FL 32713
3) × Change D Tanmay Mathur 225 Birdiewood Ct Add DeBery FL 32713 Remove 4) × Change D Joshua Marsour 225 Birdiewood Ct Add DeBary FL 32713 Remove 5) × Change D Lisa Buckley 225 Birdiewood Ct Add DeBary FL 32713 Remove 6) Change Add	_ <u></u> X_ Add	<u>P</u>	Shagun Mathur	
4) X Change D Joshua Marsour 225 Birdiewood Ct	3) Kange Change Add	_0_	Tanmay Mathur	
5) × Change D Lisa Buckley 225 Birdiewood Ct AddRemove AddAddAddAdd	4) _X_ Change Add	_D	Joshua Mansour	
6) Change	5) <u>×</u> Change Add	_D_	Lisa Buckley	
	6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article IV
Prior to each new academic year, a period defined as
July 1 of the current year through June 30 of the following
your, a new President will be selected by the Board of
Directors. Presidents will serve one-year terms and may
serve multiple consecutive terms.

date	e date of each amendment(s) adoption: 6 6 7017 e this document was signed. ective date if applicable: 7 1 2017 (no more than 90 days after amendment file date)	if other than the
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 8/18/2017	
	Signature	
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Secretary Treasur Chairma of the Board (Title of person signing)	