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COVER LETTER

O: Amendment Section Division of Corporations	***
AME OF CORPORATION: GRANDKILS VACALIONS, INC.	
OCUMENT NUMBER: N10000008685	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Melvin A. Monkoe (Name of Contact Person)	
GRANDKIDS VACATIONS, TAC. (Firm/Company)	
4714-N. HABANA Ave # 511	
TAMPA, Florida 33614 (City/ State and Zip Code)	
MMONROE & G. Jamon Bry, RR. Com E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Meluin A. Mouroe at (8/3) 875-8066 (Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
nclosed is a check for the following amount made payable to the Florida Department of State:	
Sas Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Sas Filing Fee & Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation

GRANDKIDS VACALI	TONS, INC
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N10000008685	
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
GKV.CG. TAIC-	The new
name must be distinguishable and contain the word "corporat	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.	
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/p
(Manual and Control of Chile Box)	
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office a	ldress:
Name of New Registered Agent:	/A
	•
	Florida street address)
New Registered Office Address:	/
· ·	/// A , Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
	7
Signature of New Regist	erea Agent, if changing

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	*****	N/n	
Add			
Remove			
2) Change		MA	
Add			
Remove		,	
3) Change		NIA	
Add			
Remove			
4) Change		N/A_	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
δ) Change		N/A	
Add			
Remove			

If amending or addin attach additional shee	ts, if necessary).	(Be specific	e)	i.			
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The date of each amendment(s) adoption:					
Effec	tive date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adop	tion of Amendment(s)	(<u>CHECK ONE</u>)			
	The amendment(s) was/were acwas/were sufficient for approve	opted by the members and the number of votes cast for the amendment(s	;)		
_	There are no members or membadopted by the board of directors.	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.			
	Dated	19/12 huir G. Mouros - PDI sidena	<u> </u>		
	(By the chair have not be	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)			
		Typed or printed name of person signing) PRESICLENST			
		luin A. Monkoe			