		_
(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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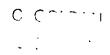
Office Use Only

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



Thank Gar Lio Gars help! Eugene Svilley La.

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2019

EUGENE SMILEY, JR. 1420 CELEBRATION BLVD. SUITE 200 CELEBRATION, FL 34747

SUBJECT: GP USAMERICA INC. Ref. Number: N19000004797

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

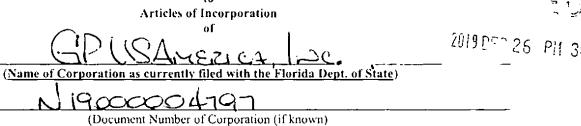
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 719A00021992

Articles of Amendment

to



Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corpo	<u>ration:</u>	
		The new
name must be distinguishable and contain the word "corpo	oration" or "incorporate	d" or the abbreviation "Corp," or "Inc,"
"Company" or "Co," may not be used in the name.		
B. Enter new principal office address, if applicable:	1420(3	JEBRATION BLUD
(Principal office address <u>MUST BE A STREET ADDRE</u>	$\frac{SS}{S}$	
	CELEBRA	TOU FLORING 34747
C. C	\bigcap_{i}	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	52 Klei	KOAD
	#100	`
	(E)EBRA	Tion HOUNA 34747
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		Elovida
	(City)	, Florida (Zip Code)
	(44)	,
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I an	n familiar with and accep	t the obligations of the position.
	Signature of New Regis	tered 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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doc</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	TAMIRA Smiley	3504 Clear Creek
Add			Hace Nautuenst
2) Change	<u> </u>	Myssa Moissai	5104 North CARolina 1205 LAGOS
Add			LYS LAGOS SAEZMAN TX 75090
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
			 	
		<u>.</u>		
				.
		-4		
	- -			

The date of each amendment(s) adoption:	, if other than the
effective date if applicable: 12 20 200	
(no more than 90 days after amendment file date)	
Tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records.	e listed as the
adoption of Amendment(s) (CHECK ONE)	
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 12/20/2019	
Signature	
(By the chairman or 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)	
EUGEDE Smiley 12.	
(Typed or printed name of person signing)	
LRESINGST.	
(Title of person signing)	