N96000005840

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COVER LETTER

TO: Amendment Section Division of Corporations

Gillespie Se	ervices, Inc.		
N96000005840 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Pamela Gillespie			
	(Name of Contact Person)		
Gillespie Services, Inc.			
	(Firm/ Company)		
P.O. Box 411659			
	(Address)		
Melbourne, Fl 32941			
	(City/ State and Zip Code)		
dgillespie5@cfl.rr.com			
E-mail address: (1	o be used for future annual report notification)		
For further information concerning this matter	er, please call:		
Pamela Gillespie	321 795-4309		
(Name of Contac			
Enclosed is a check for the following amount	t made payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Certificate of			
Mailing Address Amendment Section	Street Address Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

2023 AUG 15 AM 11:46

Gillespie Services, Inc.		**
Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N96000005840		
(Document N	umber of Corporation (if know	wn)
ursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
. If amending name, enter the new name of the corp	oration:	
!/A		The new
ame must he distinguishable and contain the word "cor Company" or "Co." may not he used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
Catalogue in air al office address if applicables	N/A	
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR.</u> 	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
). If amending the registered agent and/or registered	l office address in Florida, e	nter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent: N/A		
	(Flora	ida street addr e ss)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I describe the appointment as registered agent.	t <mark>ered Agent:</mark> am familiar with and accept th	e obligations of the position.
	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 X. Remove X. Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	George Austin	901 Westview Drive Cocoa, Fl 32922
X Remove 2) Change X Add	D	Elizabeth Alary	107 Nemo Drive NE Palm Bav, Fl 32907
Remove 3) Change X Add Remove	D	Cameryn Hunter	221 Salmon Drive NE Palm Bav, Fl 32907-1240
4) Change Add	D	Veronika Roselip	1 Venetian Way A Indian Harbour Beach, Fl 32937
Remove 5)ChangeAddRemove			
б) Change Add			
		ional Articles, enter chapge(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
Effective date if applicable:	(no more than 90 days	after amendment file	date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.				
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.

(Title of person signing)