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O SIMMONS JAN 25 2020

## **COVER LETTER**

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: Control Service NOVA Address City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation of

GCCKO SI	ervices	Inc			
(Name of Corpor	ation as currently filed v	vith the Florida Dept.	of State)		
(Doc	cument Number of Corpor	ation (if known)			
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation add	opts the followi	ng amendm	ient(s) t
A. If amending name, enter the new name of the	corporation:				
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abi	ic," or "Co". A profes.	"," or "incorporated" o sional corporation na	r the abbreviat me-must-conto	The nevion "Corp" ion "Corp" iin the word	**
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.			SEC.	2019	
C. Enter new mailing address, if applicable:			RETARY	DEC 26	ing ing ing ing ing ing ing ing ing ing
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		SEE, FL	2	֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֡
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in F	lorida, enter the nam	e of the	7	
Name of New Registered Agent	_	<del></del>		_	
	(Florida street addre	ss)		_	
New Registered Office Address:	(City)		Florida	Code)	
	(0.11)		Lip	Conty	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		accept the obligations	of the position.		
Sig	gnature of New Registered	l 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:	. · as nemose,	una san	i oman, c	or as an saa,							
X Chang		<u>PT</u>	<u>John Do</u>	<u>e</u>							
X Remo	ve	<u>v</u>	Mike Jo	nes							
X Add		<u>sv</u>	Sally Sn	<u>nith</u>							
Type of A Check O		<u>Title</u>		Name			<u>dres</u> s			`	
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1	Add					Oï	MON	d Be	ach	, FL	
i	Remove						<u></u>	<u></u>	<u> </u>	2176	
2) (	Change		_		<del>_</del>		_			<u>.</u>	
	Add							(0		<u>-</u>	
3)	Remove Change		-					SECRE:	2019 DEC	- Marganaj	
	Add							4 <u>17.</u>		TT WELDS	
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i)(	Change		_	<del></del>				H70	AM ::	U	
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5) (	Change		_								
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5)	Change		_					_		•	
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				Page	2 of 4						

۲.,	If amending or	adding	<u>additional</u>	<u>Articles, </u>	enter c	hange(s)	here:
	( 1 as 1	11.	- /*	· /D	174		

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares	
F. If an amendment provides for an exchan provisions for implementing the amenda (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares ment if not contained in the amendment itself:	
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Note: 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)	( <u>CHECK ONE</u> )				
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders, at for approval.	The number of votes	cast for the amendme	ent(s)	
☐ The amendment(s) was/were approved must be separately provided for each				tement	
"The number of votes cast for the	e amendment(s) was	/were sufficient for a	pproval		
by			·"		
	(voting group)				
☐ The amendment(s) was/were adopted to action was not required.	by the board of direc	tors without sharehol	der action and shareh	older	
selected, by a appointed fid	president or other on incorporator – if is duciary by that fiduciary by the fiduciary by	officer – if directors on the hands of a receivary)	or officers have not be ver, trustee, or other of	DIS DEC 26 AM ECRETARY UF TALLAHASSI	