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SECRETARY OF STATIONS
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Gultas, Inc. DOCUMENT NUMBER: P01000028875 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kathy Ortiz Name of Contact Person Law Offices of Kravitz & Guerra, PA Firm/ Company 800 Brickell Avenue, #701 Address Miami, Florida 33131 City/ State and Zip Code kathy@kravitzlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 372-0222

Area Code & Daytime Telephone Number Kathy Ortiz Name of Contact Person 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) 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 of



Gultas, Inc.			* 18
(Name of Corporation a	s currently filed with the Flo	orida Dept. of State)	
P01000028875			
(Docume	nt Number of Corporation (if I	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation ad	lopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
•			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chaviered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpora	prated" or the abbreviation
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>			
			 -
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(maning anaress MAT BE A FOST	DFFICE BOX)		
		·	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nan	ie of the
Name of New Registered Agent	Law Offices of Kra	vitz & Guerra, PA	
Name of New Registered Agent	800 Brickell Aver		
	(Florida stree	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Miami	Florida '	33131
	(City)	, 7 (77)(11)	(Zip Code)
New Registered Agent's Signature, if c	hunging Registered Anone		
I hereby accept the appointment as regist	ared agent I am familiar wit	th and accept the obligations	s of the position.
		The second secon	

Signature of New Registered 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		=
		·
•		
	,	

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated Octobe	er 26, 2012	
Signature		
(By a d selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	Mehmet Sagesen	
	(Typed or printed name of person signing)	
	1/0	
	(Title of person signing)	