## P0200014262

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## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: GTC SOURCINS, INC.  DOCUMENT NUMBER: PO2000014 262				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  GENE TORINO CONSULTING, INC  Firm/ Company  IT LAKESHORE DK SUITE 1749  Address  NORTH PALM BEACH, FL 33408  City/ State and Zip Code  GENE P GT C - INC NET  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at 1 561 747 - 8953  Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				

**Mailing Address** 

TO: Amendment Section

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment

to

## Articles of Incorporation of

GTC SOI	URCING ,	[] ( filed with the Florida Dept. (	2013 777 - 5 1/11/10 2
(Name of Cor	poration as currently	filed with the Florida Dept. o	of State)
P02000	0014262		
(	Document Number of C	.orporation (if Known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the	RINO CO	nsulTING,	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	o". A professional corporati	uted" or the abbreviation on name must contain the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
D. If amending the registered agent and/or r new registered agent and/or the new regis		ss in Florida, enter the name	of the
Name of New Registered Agent			
	(Florida stree	et address)	
New Registered Office Address:		h	florida
	1(	ู้นุ่ง	(Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a		th and accept the obligations o	of the position.
	Signature of New Reg	gistered 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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				<del></del>
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
Kemovę				
6) Change		_		
Add				
Remove				

,Attach <i>additional she</i>	ng additional Art ets, if necessary).					
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If an amendment pro provisions for imple	ovides for an excl	<u>hange, reclassi</u>	fication, or car	ncellation of iss	ued shares.	
(if not applicable	e, indicate N/A)	andingut ii not	contained in the	ne amengment	itsen.	
·						
					<del> </del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: ASAP	
(no more than <sup>8</sup>	00 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the appli document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thr must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The âmendment(s) was/were adopted by the incorporators wit action was not required.	nout shareholder action and shareholder
Dated 1131/18	
Signature Cuglin avo	end Pres.
	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	)
EleGane T	ORINO
(Typed or printed	name of person signing)
Me	5
(Title	of person signing)