

PO 20000 84211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

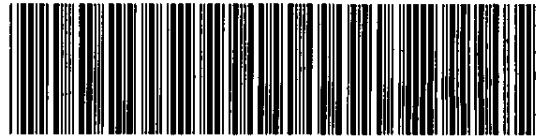
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/29/10--01045--023 **43.75

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09 OCT 15 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
DOB
5/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gil's Corp.

DOCUMENT NUMBER: 702000084211

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabby Uribe
(Name of Contact Person)

GILL'S CORPORATION
(Firm/ Company)

4897 NW 183 ST
(Address)

Mia, FL. 33055
(City/ State and Zip Code)

guribe39@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
(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:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address
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

ORIGINAL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2010

GABBY URIBE
GIL'S CORP.
4897 NW 183 STREET
MIAMI, FL 33055

SUBJECT: GIL'S CORP.
Ref. Number: P02000084211

Gil's Sub Corp. Gabby Uribe

see revised doc.

We have received your document for GIL'S CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L00000013305.

THE NAME ENDING DOES NOT MAKE A DIFFERENCE WHEN CHECKING FOR NAME AVAILABILITY. PLURALS OR A POSSESSIVE "S" ALSO IS NOT ENOUGH OF A DIFFERENCE. ***PLEASE REMEMBER TO RETURN THE AMENDMENT AND THE REINSTATEMENT TOGETHER. L00000013305

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 610A00007795

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 MAY -3 AM
11:00 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

GIL'S CORP.
15743 SW 101 ST
MIAMI, FL 33196

SUBJECT: GIL'S CORP.
Ref. Number: P02000084211

We have received your document for GIL'S CORP. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Enclosed is an amendment form for your convenience,

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Karen A Saly
Regulatory Specialist II

Letter Number: 209A00033165

ORIGINAL

Articles of Amendment
to
Articles of Incorporation
of

Gil's CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

PO2000084211

(Document Number of Corporation (if known))

FILED
09 OCT 15 PM 12:113
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Gil's SUBS CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10/15/09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/15/09

Signature [Handwritten 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)

GABBY P UNIBE

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)