## P03000016514

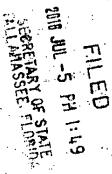
(Red	questor's Name)	
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## COVER LETTER

TO: Amendment Sec Division of Corp	•		
NAME OF CORPO	RATION: GPL CON	SULTING CORI	>
DOCUMENT NUM	BER: <u>P030000</u>	6514	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	PATRICK G	Name of Contact Person	
		Name of Contact Person	n
	GPL CONSU	ILTING CORP	
	Firm/ Company		
	CLO HAMPTON I	NN BYOS LAK	E WORTH RD
		Address	
	1 6 45 1.456		,
	LAKE WOICH	City/ State and Zip Cod	
For further informatic	J COSTAS C GR E-mail address: (to be us on concerning this matter, pleas	EENPARKMGMT, Co	notification)
			00
JOHN S		at (561	523 - 3699
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
An Div P.C	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address Idment Section on of Corporations on Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GPL CONSULTING C		
	filed with the Florida Dept. of State)	
P030000165		
(Document Number of C	Corporation (if known)	† 
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	lorida Profit Corporation adopts the fo	pllowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name .A."	the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	一
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  NAME  NAME	ss in Florida, enter the name of the	
New Registered Office Address: N/A	nt 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 wit	th and accept the obligations of the pos	sition.
NA		
Signature of New Reg	gistered Agent, if changing	

address of each Officer (Attach additional sheets, Please note the officer/dii P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or Director b , if necessary) rector title by the f President; T= Tre = Chief Financial er, Director would t in the following n eves the corporatio	wing added:  asurer; S= Secretary; D= Director; TR= T Officer. If an officer/director holds more to the PTD.  anner. Currently John Doe is listed as the the sally Smith is named the V and S. These	rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT John Do	<u>oe</u>	
X Remove	V Mike Jones		
X Add	SV Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	DPT	PATRICK GUARINI	NO CHANGE
Add Remove		·	
2) Change Add	DVP	LORI GUARINI	NO.CHANGE
Remove 3) X Change Add	DVP	TLOBERT GUARINI	NO CHANGE
Remove  4) Change  Add  Remove	DVP	JOHN S. COSTAS	NO CHANGE
5) Change			
Add Remove			
6) Change			
Add			

\_ Remove

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
AMEND ARTICLE VII TO INCLUDE:	
OFFICERS ARE AUTHORIZED TO OPEN, ENTER, MAINTAIN AND	CLOSE
ACCOUNTS ON BEHALF OF THE CORPORATION AT BANKS AND OTH	HEIZ
FINANCIAL INSTITUTIONS,	
	<u> </u>
	1
	-
	***
The second shares are second shares	
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:	The paper state of
(if not applicable, indicate N/A)	
N/A	<u>i</u>

The date of each amendment(s) date this document was signed.	adoption: 6/1/16	, if other than the
Effective date if applicable:	6/1/16	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the as sufficient for approval.	mendment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	ving statement ent(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and	. shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shar	eholder
Dated 6/	1/16	
Signature	etptii	
(By a selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	PATRICK GUARINI	
	(Typed or printed name of person signing)	
	(Title of person signing)	