Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000177575 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : 120050000012 Phone : (954)659-8835

Fax Number : (954)301-0417

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

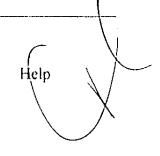
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GBS CONSULTANTS, INC.

Certificate of Status	0
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## Articles of Amendment to Articles of Incorporation of

	Articles of Inco	orporation				
	GBS CONSULTANTS	, INC.				
(Name of	Corporation as currently	filed with the Flori	da Dept. of State)			
	P0500000317	7				
	(Document Number of	Corporation (if know	vn)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>F</i>	lorida Profit Corpoi	ration adopts the fo	ollowing ame	ndmen	ıt(s) to
A. If amending name, enter the new nar	ne of the corporation:					
				The	new	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," of	rp," "Inc," or "Co". A	ompany, " or "incorp professional corpoi	orated" or the abb cation name must	reviation "Co contain the	orp.," word	
B. Enter new principal office address, if (Principal office address MUST BE A ST.				51.	2024	
					INH	-78
C. Enter new mailing address, if application	<u>able:</u>				17	
(Mailing address MAY BE A POST O	FFICE BOX)			- <u>92</u> - 10	AM	<u> </u>
				in.	<u> </u>	
					$\overline{\omega}$	
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter	the name of the			
	EZCOMPLIANC	FIIC				
Name of New Registered Agent	<del>.</del>			<del> </del>		
_	7971 RIVIERA BLVD.					
	(Florida street address) MIRAMAR			33023		
New Registered Office Address: _		(City)		(Zip Code)		
		• •				
New Registered Agent's Signature, if cha		:d 1 1 1	ttttCit	. 644 .		

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



## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

Remove

## 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	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address ~
1) Change			2024 MAY 17
Add			
Remove			0-1
2) Change			***
Add			- FA - 3
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		-
		·
		~2
		2.5
		2024 FIA
		S:
		,
		<del></del>
If an amendment provides for an eye	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself;	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		

	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements ment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
X) The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the ame lient for approval.	ndment(s)
	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	((s):
	the amendment(s) was/were sufficient for approval	2024 HAY 1.7
by	(voting group)	control of the contro
Dated May 16	th, 2024	7 AR B
	rge Fernandez (May 16, 2024 : 8 33 ADT)	F 3. 13
(By a direc selected, b	or, president or other officer – if directors or officers have n an incorporator – if in the hands of a receiver, trustee, or officery by that fiduciary)	
	Jorge E. Fernandez	
<del></del>	(Typed or printed name of person signing)	
	VP, Director	
	(Title of person signing)	