## P05000133568

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Amend

DEC - 8 2016 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: GIO PUHSEIVICES CORPORTATION				
DOCUMENT NUMBER: +05000133508				
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  Gio Holtiser Victs Carporation  Firm/ Company  2215 Victoria FALS Dr  Address  ORlando FT 32824  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:  Tomicl E Rioxa at 407 , 427-6845				
Name of Contact Person at (407) 427-6845  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is cnclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section  Street Address Amendment Section				

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## **Articles of Amendment**

to

Articles of Incor	poranon
of Marthagasia	To Agrandina
(Name of Corporation as currently t	filed with the Florida Dept. of State)
P050013251	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	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.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECNCIAR OF A PH
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent TYONCISCO	IGnacio Jimenez
2275 OiCtor (Florida street	CG FAUS DR
New Registered Office Address: ORIGNOO	Florida 32824 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the control of Naw Registered Agent.  Signature of Naw Registered Agent:	th and accept the obligations of the position.

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	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)
<u> </u>	
· · · · ·	
	_
	,
<u> </u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adopt date this document was signed.	tion: <u>11 - 22 -</u>	2014	, if other than the
Effective date if applicable:		) days after amendment file dat	-1
	(no more than 90	i aays ajter amenament jile aat	е)
Note: If the date inserted in this blocdocument's effective date on the Department.		able statutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were suffice.		number of votes cast for the an	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea			
"The number of votes cast for	the amendment(s) was/wer	e sufficient for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)		
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors	without shareholder action and	shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators with	out shareholder action and shar	eholder
Dated //	- 2A-2016	7	
Signature K	Mount	guer .	
(By a dire		er - if directors or officers have	
	oy an incorpofator – if in the fiduciary)	e hands of a receiver, trustee, or	other court
арроппес	inductary by that inductary)		
	'aniel	E Riera	
1980	(Typed or printed)	name of person signing)	
	Pros	sident.	

(Title of person signing)