

PD5000145235

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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600061684256

*Amend  
T. Lewis*

11/28/05--01031--018 \*\*35.00

FILED

05 NOV 28 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Gaspar Martinez, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P05000145235

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gaspar Martinez  
(Name of Contact Person)

Gaspar Martinez, Inc  
(Firm/Company)

2417 Abby Drive #202  
(Address)

Kissimmee, FL 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gaspar Martinez at ( 407 ) 744 6400 -  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$35.00 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**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

Articles of Amendment  
to  
Articles of Incorporation  
of

Gaspar Martinez, Inc.

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

P05000145235

(Document number of corporation (if known))

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

**NEW CORPORATE NAME (if changing):**

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Please add: Article VII: Officer/Director Name & address

Officer: Gaspar Martinez of 2417 Abby Dr # 202,  
Kissimmee, FL 34741

Director: Gaspar Martinez - same as above

President: Gaspar Martinez - same as above

Vice-President: Gaspar Martinez - same as above

Treasurer: Gaspar Martinez - same as above

(Attach additional pages if necessary)

If an amendment provides for 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)

N/A

(continued)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 11/21/05

Effective date if applicable: 11/21/05  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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

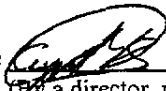
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gaspar Martinez

(Typed or printed name of person signing)

Agent - President

(Title of person signing)

**FILING FEE: \$35**