## P0800006970

. (K	lequestor's Name)
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PICK-UP	WAIT MAIL
(B	Business Entity Name)
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Certified Copies	Certificates of Status
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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIBA

ANJAN N

Division of Corporations NAME OF CORPORATION: P08000006970 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CINDA APONTE

Name of Contact Person CITIUS (NUL) D
Address Linastore Damait com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status \$35 Filing Fee ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Street Address Mailing Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

**TO:** Amendment Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## to Articles of Incorporation of

GRAMAD INC
(Name of Corporation as currently filed with the Florida Dept, of State)
-> P08000006970
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
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."
11824 PHARIAD DA
B. Enter new principal office address, if applicable:
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Acrds F1. 32832
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:    1/829   CITUS WOD Dr   New Registered Office Address: (Florida street address)
New Registered Office Address: (Florida street address)
Olcend's Florida 33438 (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.
huda (Cot)
Signature of New Registered Agent, if changing

Page 1 of 3



(Attach addit	ional sheets, if necess	ary)·		
<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>VP</u>	Nelson	Kernder	or Words A	Add Remove
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	ng or adding additio			
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As we	1 as Remo	vins Nelson	menda from my	
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provisio		the amendment if n	assification, or cancellation of is ot contained in the amendment	
<u> </u>				

removed and title, name, and address of each Officer and/or Director being added:

(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	voting group)			
(	voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated	tuly-12.09			
Signature	Luce Co			
(By a	director, president or other officer if directors or officers have not been			
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)			
	1,122			
	(Typed or printed name of person signing)			
	<b>~</b> )			
	thea dent			
	(Title of person signing)			

Effective date if applicable:

(date of adoption is required)

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