P080000 60361

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Gulfstream Custon	n Homes, Inc.			
DOCUMENT NUM	BER: P08000060361		·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Stacey Griner				
		Name of Contact Persor	1		
	Gulfstream Custom Homes, Inc.				
	Firm/ Company				
	PO Box 3586				
		Address			
	Spring Hill, FL 34611				
		City/ State and Zip Code			
	gulfstreamch@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se call:			
Stacey Griner		at (352	549-1549		
Name of Contact Person		at (352) 549-1549 Area Code & Daytime Telephone Number			
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Gulfstream Custom Homes, Inc.

(Name of Corporatio	as currently filed with the Florid	a Dept. of State)	
208000060361			
(Docume	nt Number of Corporation (if knowr	1)	
ursuant to the provisions of section 607,1006. Floridals Articles of Incorporation:	Statutes, this Florida Profit Corpora	vition adopts the following	ng amendment(s)
. If amending name, enter the new name of the con	poration:		
		. <u></u>	_The new
ame must be distinguishable and contain the word "cor lnc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbrev	or "Co". A professional corpora	rated" or the abbreviati tion name must conta	ion "Corp" in the word
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	RESS)		
			~·
Enter new mailing address, if applicable:			. 629
(Mailing address <u>MAY BE A POST OF FICE BO)</u>	,		<u>े</u>
		<u> </u>	
			9: 04
. If amending the registered agent and/or registered new registered agent and/or the new registered of		he name of the	014
Name of New Registered Agent			_
	(Florida street address)		_
	(Florida street address)		
New Registered Office Address:	(City)	, Florida <i>(Zip</i>	Codes
ew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent.		igations of the position.	
Signa	ure of New Registered Agent, if char	nging	_

Check if applicable

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

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	PT Joh	i <u>n Doc</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	Secretar	Griner, Stacey R	4457 San Juan Drive
Add			Hernando Beach, FL 34607
Remove			
2) Change	D	Scanniello, Anthony J	13846 REINDEER CIR
X Add			HUDSON, FL 34669
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u>, , , , , , , , , , , , , , , , , , , </u>

<mark>Famending or adding</mark> Attach <i>additional shee</i>	ts, if necessary).	(Be specific)	<u> /</u> ,			
		_				
					<u></u>	
						
					<u>.</u>	
<u> </u>						
						
						
-						
 					<u>. </u>	
f an amendment pro	vides for an exch	ange, reclassifica	tion, or cancella	tion of issued sha	ires.	
provisions for imple (if not applicable	menting the amei ; indicate N/A)	nament it not cor	itained in the am	enament itsen:		
		<u> </u>				
						
		· · · · · ·			•	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u>.</u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendments.	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
hy	··	
	tvoting group)	
selec	director, president or other officer – if directors or officers have not etcd. by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Stacey Griner	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	

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