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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	ME OF CORPORATION: GV FINANCIAL HOLDINGS INC.			
DOCUMENT NUMBER:	P09000018098			
The enclosed Articles of Amendme	ent and fee are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
	FRANCISCO J. FERNANDEZ			
	Name of Contact Person			
	PRATS FERNANDEZ & CO.			
	Firm/ Company			
21	2121 PONCE DE LEON BLVD., SUITE 240			
	Address			
	CORAL GABLES, FL 33134			
	City/ State and Zip Code			
E-mail add	IFO@PRATSFERNANDEZ.COM ress: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
FRANCISCO J. FERNA	ANDEZ at ( 305 ) 444-8333			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filin Certificate of				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

2009 AUG 3 AM 9:50
ATLAMASSEE. FLORINA of GV FINANCIAL HOLDINGS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000018098 (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:		
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro-	e designation "Corp," "In	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the name of the
Name of New Registered Ayent:		1.7.00
New Registered Office Address:	(Florida street	·
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent:	
	Signature of New Register	ed Agent, if changing

## 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)

Title	<u>Name</u>	Address	Type of Action
<u>D</u>	RONILDO A. FREITAS	630 E. SAMPLE RD. POMPANO BEACH, FL 33064	☐ Add ☐ Remove
			☐ Add ☐ Remove
	nendment provides for an exchange, r		
provisie (if n	ons for implementing the amendment of applicable, indicate N/A)	if not contained in the amendment i	<u> </u>

The date of each amendment(	s) adoption: JULY 27, 2009
	s) adoption: JULY 27, 2009  (date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) te sufficient for approval.
	e 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 of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
17 G 10 G	JULY 27, 2009
Signature	director, president or other officer - if directors or officers have not been
sele	sted, by an incorporator - if in the hands of a receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)
	HERBERT MATOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)