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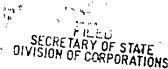
OCT 17 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GVF INVES	STMENT GROU	JP INC
DOCUMENT NUM	BER: P1000000542	5	
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
5)	ISABEL SIRIZZO	TTI	
	GVF INVESTMEN	Name of Contact Person	
	6735 CONROY R	Firm/ Company D. UNIT 219	general († 1952) 1906 - Paris Santon, santon († 1962) 1908 - Paris Santon, santon († 1962)
	ORLANDO, FL 32	Address	
For further information	E-mail address: (to be use on concerning this matter, please	ed for future annual report	notification)
ISABEL SIR	IZZOTTI	at (407	361-8236
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made p	ayable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



GVF INVESTMENT GROUP INC

(Name of Corporation as currently filed with the	Florida Dept. of State) 12 OCT 16 PM 4: 49
P1000005425	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6735 CONROY RD.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	UNIT 219
	ORLANDO, FL 32835
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6735 CONROY RD.
	UNIT 219
	ORLANDO, FL 32835
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u> 288:</u>
Name of New Registered Agent	
6735 CONRO	Y RD.
`_	street address)
New Registered Office Address: ORLANDO	, Florida 32835
(Cil	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familia	

Signature of New Registered 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			
Add		•	- demodes and other
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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an amendment provides for an exc	hange, reclassification,	or cancellation of issued sh	ares.	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not containe	ed in the amendment itself:		
(ij noi applicable, indicale N/A)				
			_	
 				

The date of each amendment(s) adoption: 10/11/12
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated 10/10/2012
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)
ISABEL SIRIZZOTTI
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)