

P10 000026287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

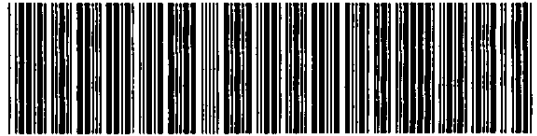
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN -3 PM 12:16

FILED

AMEND 6/4

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** gee.g inc  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINA GHURA

Name of Contact Person

gee.g

Firm/Company

2558 EAGLE RUN LANE

Address

WESTON, FL 33327

City/State and Zip Code

gina@gee-g.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA GHURA

Name of Contact Person

at ( 954 ) 614 5509

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Being sent by bank.  
Please call if necessary.

**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

gee-g inc  
2558 Eagle Run Lane  
Weston FL 33327

14<sup>th</sup> May 2010

Florida Dept of State  
Division of Corporations  
PO BOX 6327  
Tallahassee  
FL 32314

Ref: P10000026287

Dear Karen

Further to our conversation please find attached completed documents. The accompanying check was sent to you via my bank and these are the following details to help you track it:

Bank: HSBC  
Confirm no: B3PB8CSKB8  
Date: 28<sup>th</sup> April 2010

This is all they could give me please let me know if there are any issues.

Kind regards,

A handwritten signature in black ink, appearing to read 'Gina Ghura', with a stylized, flowing script.

Gina Ghura  
President  
gee-g inc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2010

GINA CHURA  
GEE.G  
2588 EAGLE RUN LANE  
WESTON, FL 33327

SUBJECT: GEE.G INC.  
Ref. Number: P10000026287

We have received your document for GEE.G INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

THE ARTICLES OF INCORPORATION WERE FILED ON 3/26/10 AND WE RECEIVED THE ARTICLES OF CORRECTION ON APRIL 30. HOWEVER NO MONEY WAS ENCLOSED. PLEASE STATE IN THE AMENDMENT TO CHANGE ALL ADDRESSES.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 110A00011388

*Called + left  
message  
5/20*

**COVER LETTER**

**TQ: Amendment Section**  
**Division of Corporations**

**NAME OF CORPORATION:** gee g inc

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINA GHURA

Name of Contact Person

gee g inc

Firm/ Company

2558 Eagle Run Lane

Address

Weston / FL / 33327

City/ State and Zip Code

gina@gee-g.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Ghura

Name of Contact Person

at (954) 614 5509

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

\* **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

GEF. G INC.

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

(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 the corporation:**

The new 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's name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2558 Eagle Run Lane  
Weston FL 33327

**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:

New Registered Office Address:

2558 Eagle Run Lane

(Florida street address)

Weston FL 33327, Florida

(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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
10 JUN -3 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an 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)*

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The date of each amendment(s) adoption: 5/14/10  
(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 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 5/14/10

Signature *Gina Ghura*  
(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)

GINA GHURA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)