## 1100001409

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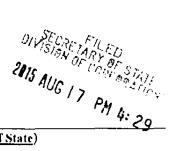
I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GABRIEL SAMRA	A INC	
DOCUMENT NUMBI			
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
C	GABRIEL E. SAMRA		
-	GABRIEL SAMRA INC	Name of Contact Person	1
_		Firm/ Company	
3	035 CORAL WAY	• •	
-		Address	
Ŋ	MIAMI, FLORIDA 33145		
_		City/ State and Zip Code	e
INFO@	GABRIELSAMRA.COM		
······	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		
gabriel.samra@gmail.c		at (	355-9520
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address  Idment Section  In on of Corporations  In Building  Executive Center Circle  Assec, FL 32301

## Articles of Amendment to Articles of Incorporation of



GABRIEL SAMRA INC.

dibloss simmer nite,			4.	<u> 29</u> _
(Name o	f Corporation as currently	filed with the Florida Dep	t. of State)	
P11000014091				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendment	nt(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor		:
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			<u> </u>	
			,	
D. If amending the registered agent as			me of the	
new registered agent and/or the new				
Name of New Registered Agent	GABRIEL E. SAMRA			
	3000 CORAL WAY AP	Г 912		
	(Florida sıre	et address)		
New Registered Office Address.	MIAMI		_, Florida	
	(	(City)	(Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligation	ns of the position.	
**************************************	Signature of New R	egistered Agent, if changing	<u>,                                      </u>	
		7/		
		,		

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	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			·
Add			
Remove			
4) Change			
Add	<del></del> -		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If antending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
·		
. If an	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
.,		

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient f	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
AUGUST 12TH, 2015 Dated	
Signature	
Signature  (By a director, president or other officer – if direct sciented, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	tors or officers have not been receiver, trustee, or other court
GABRIEL E. SAMRA	
(Typed or printed name of pers	on signing)
PRESIDENT	
(Title of person sig	ening)