## P110000417-76

(Re	questor's Name)	
(A.1	d	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	•	
(Do	cument Number)	
rtified Copies	_ Certificates	s of Status
pecial Instructions to	Filing Officer:	
	Office Use On	lv.



400304676214

10/23/17--01015--004 \*\*35.00

2017 OCT 23 PH 2: 68

013. 271

## **COVER LETTER**

Division of Cor	porations		
	GREAT RIVER N	IILE INC.	
AME OF CORPO	P1100041776		<del></del>
OCUMENT NUM			
e enclosed Article	es of Amendment and fee are su	bmitted for filing.	
ase return all com	espondence concerning this ma	tter to the following:	
	ROSANNE RUTNIK		
	ROSANNE RUTNIK BOOI	Name of Contact Perso KKEEPING & TAX SERV	
	5616 SHANNON DRIVE	Firm/ Company	
	FORT PIERCE FL 34951	Address	
	<del></del>	City/ State and Zip Cod	le
R	OSANNERUTNIK@AOL.CO	М	
	E-mail address: (	to be used for future annua	l report notification)
rther informati	on concerning this matter, pleas	se call:	
NNE RUTN	IK	772 at (	332-6381 )
Name	e of Contact Person	Area Co	ode & Daytime Telephone Number
ed is a check	for the following amount made	payable to the Florida Dep.	artment of State:
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)
	atitus a A.A.B.s.a.	<b>6.</b>	

Mailing Address

O: Amendment Section

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

		12/1
filed with the Florida Dept	of State)	1 OCT 23-PM-2:
		\$-\psi\psi\psi
of Corporation (if known)		72
rida Statutes, this corporation	adopts the following a	mendment(s) to its Artis
corporation:		
		The new.
ble: DDRESS)		<del></del> .
<del></del>		
ROY)		
<u></u>		<del></del>
<del></del>		<del></del>
stered office address in Flori ed office address:	da, enter the name of t	<u>he</u>
/EL1 411		
(r ioriaa sireei aaaress	)	
(City)	, Florida	Zip Code)
(Cny)	(	Zip Coae)
Registered Agent: t. I am familiar with and acc	ept the obligations of th	e position.
	-p. sar varigumono of m	- 1
New Registered Agent, if cha	nging	
	of Corporation (if known) rida Statutes, this corporation corporation:  rord "corporation," "compa rp," "Inc," or "Co". A pro he abbreviation "P.A."  ble: DDRESS)  (Florida street address  (City)  (City)	corporation:  corporation:  corporation:  corporation:  corporation, ""company," or "incorporated" rp, ""Inc," or "Co". A professional corporation in the abbreviation "P.A."  ble:  DDRESS)  tered office address in Florida, enter the name of the doffice address:  (Florida street address)  (City)  (City)

ddress of each Office Attach additional shee Tease note the officer The President; V = Vic Executive Officer; CFC and President, Treasu Thanges should be not	er and/or E ets, if neces. /director tit ce Presiden O = Chief urer, Direct ted in the fo leaves the c	Director sary) le by the t; T= Tre Financia for would corporati	being added:  first letter of the office title:  easurer; S= Secretary; D= Director;  il Officer. If an officer/director hold  l be PTD.  manner. Currently John Doe is listed  fon, Sally Smith is named the V and S	; TR= Tr is more th d as the F	ustee; $C = Chairman \ or \ Clerk; \ CEO = Chiefman \ one \ title, \ list the first letter of each office and Mike Jones is listed as the V. There is thould be noted as John Doe, PT as a Change,$	,
Change	PT	John D	<del>)oe</del>			
Remove	<u>V</u>	Mike J	ones			
Add	<u>sv</u>	Sally S	<u>imith</u>		:	
e of Action	<u>Title</u>		Name		Address	
eck One)	VP		HARSHAD PATEL		5094 GALAXY LANE	
Change Add				· <del></del>	GREENACRES FL 33458	
Add						
Keniove						
Change	<del></del>	<del></del>	<del></del>	<del></del>		
Add						
Remove						
_ Change		_ <del></del>		<del></del>		
_ Add						
Remove						
Change						
Add		_				
Remove						
'hange		<del>_</del>				
.dd						
emove						
ange						
'd				<del></del>		
поче						
11010						

sch additional sheets, if necessary).	(ве specific)	Ì
		<del></del>
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	_
	<del></del>	
		_
	<del></del>	_
	···· <del>··</del>	_
<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
<del></del>		<del></del>
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>
mendment provides for an exchai	nge, reclassification, or cancellation of issued shares,	
not applicable, indicate N/A)	ment if not contained in the amendment itself:	
,		
<u> </u>		<del></del>
		<del></del>
		<del></del>

he date of each amendment(s) adoption:	, if other than the
ffective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	i(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>
(voting group)	
ne amendment(s) was/were adopted by the board of directors without shareholder action and sharehold tion was not required.	ier
e amendment(s) was/were adopted by the incorporators without shareholder action and shareholder ion was not required.	
10/19/2017	
Dated	1
Signature Oni Dawdiya	1
(By a director president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	The state of the s
AZIZ DAREDIYA	
(Typed or printed name of person signing)	
PRESIDENT	1
(Title of person signing)	<del></del>