Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000089199 3)))



H190000891993A9CD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: ACCOUNTING & TAX SERVICES OF SOUTH FL

Account Number : I20170000071

: (305)669-5115

Fax Number

: (305)669-5117

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

GIOVANNIC

COR AMND/RESTATE/CORRECT OR O/D RESIGN GABY FISHING, CORP.

> Certificate of Status 1 0 Certified Copy 01 Page Count \$43.75 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 1 9 2819

T. LEMIEUX 75:01 6105-31-AAM

Q.

COVER LETTER

TO: Amendment Section Division of Corporations

| | | GABY FISHING CORP | | | | |
|---|---|--|--|--|--|--|
| NAME OF CORPORATION: | | | | | | |
| DOCUMENT NUMBER | MBER:P11000084232 | | | | | |
| The enclosed Articles of A | Imendment and fee are su | bmitted for filing. | | | | |
| Please return all correspon | idence concerning this ma | tter to the following: | | | | |
| | GIOVANNI CASTELLANOS | | | | | |
| | Name of Contact Person | | | | | |
| ACCOUNTING & TAX SERVICES OF SOUTH FL. CORP | | | | | | |
| Firm/ Company | | | | | | |
| | 6080 BIRD RD SUITE #10 | | | | | |
| | Address | | | | | |
| | MIAMI FL 33155 | | | | | |
| | City/ State and Zip Code | | | | | |
| | g | iovannic@accountingtaxfl, | com | | | |
| | | sed for future annual report | | | | |
| For further information co | ncerning this matter, pleas | se call: | | | | |
| GIOVANNI CASTELLANOS | | at (| 669-5115 | | | |
| Name of C | ontact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | ertment of State: | | | |
| S35 Filing Fee | ■\$43.75 Filing Fcc & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address | | Street Address Amendment Section | | | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314 Amendment Section
Division of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

H1902003911993

Articles of Amendment to Articles of Incorporation of

GABY FISHING, CORP

| (Name of Corp | nration as currently filed with the Florida | Dept. of Sixie) |
|--|---|---|
| | P11000084232 | |
| (C | Occument Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, F its Articles of Incorporation: | lorida Statutes, this <i>Florida Profit Corporati</i> | on adopts the following amendment(s) to |
| A. If amending name, enter the new name of t | the corporation: | |
| | | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o | Corp," "Inc," or "Co". A professional con | corporated" or the abbreviation |
| B. Enter new principal office address, if appli- (Principal office address MUST BEA STREET | | |
| C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE | E BOX) | |
| D. If amending the registered agent and/or re- new registered agent and/or the new regist Name of New Registered Agent | gistered office address in Florida, enter the ered office address: | name of the |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | Registered Agent; ent. I am familiar with and accept the obligation. I am familiar with and accept the obligation. Signature of New Registered Agent, if change | TALLAMASSEE.FE |
| | Page 1 of 4 | OSER M |

H190000 2911993
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.

| X Change | PI | John Doc | | |
|-------------------------------|--------------|------------------|-------------------|--|
| X Remove | <u>y</u> | Mike Jones | | |
| X Add | <u>\$V</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| 1)Change | PVSD | ALFREDO GONZALEZ | 255 68 STREET | |
| Add | | | MARATHON FL 33050 | |
| X Remove | | | | |
| 2) Change | PVSD | GABRIEL GONZALEZ | 235 68 STREET | |
| X Add | | | MARATHON FL 33050 | |
| Remove | | | | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

Page 2 of 4

| | H190009911997 |
|--|-------------------------------|
| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
| | |
| | |
| | |
| | |
| | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amendment provides for an exchange, reclassification, or co | ancellation of issued shares. |
| provisions for implementing the amendment if not contained in (if not applicable, indicate N/A) | the winding its th |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Page 3 of 4

| | 03/01/2019 | H1900003911993 |
|--|--|---|
| The date of each amendment(s) adoption: date this document was signed. | 03/07/2017 | , if other than the |
| Effective date if applicable: | 03/01/2019 | |
| , | (no more than 90 days after am | endment file date) |
| Note: If the date inserted in this block does n document's effective date on the Department of | | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CH | ECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | | s cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | |
| "The number of votes east for the amen | idment(s) was/were sufficient for s | approval |
| by | | |
| (voi | ing group) | |
| The amendment(s) was/were adopted by the action was not required. | board of directors without shareho | lder action and shareholder |
| The amendment(s) was/were adopted by the action was not required. | incorporators without sharcholder | action and shareholder |
| 03/01/2019 | | |
| Signature Yaly | Ly. | |
| (By a director, peesi | dent or other officer - if directors | |
| selected, by an inco appointed fiduciary | rporator – if in the hands of a rece by that fiduciary) | iver, trustee, or other court |
| GAE | BRIEL GONZALEZ | |
| | Typed or printed name of person s | signing) |
| | PVSD | |
| | (Title of person signing | 3) |

Page 4 of 4