P11000005261

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

14 OCT 24 PH 4: Re

Amend Salo-2714

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GASNALUTHO FL CORP DOCUMENT NUMBER: P11000105261 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person CORPORATE AGENT FL LLC Firm/ Company 7210 NW 43 ST Address **MIAMI FL 33166** City/ State and Zip Code conradomarcos@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **CONRADO PERALTA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address Amendment Section** Amendment Section

Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building



October 14, 2014

CORPORATE AGENT FL LLC 7210 NW 43 ST. MIAMI, FL 33166

SUBJECT: GASNALUTHO FL CORP

Ref. Number: P11000105261

We have received your document for GASNALUTHO FL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

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Letter Number: 614A00022011

Division of Compositions DO DOV 6297 Tellahassas Florida 2921

Articles of Amendment to Articles of Incorporation of

GASNALUTHO FL CORP

| OASINALUTTIOTE CONT | | | |
|--|--|-----------|-------------------------------------|
| (Name of Corporation as currently filed with the Flori P11000105261 | ida Dept. of State) | | |
| (Document Number of Corporation (if kn | ooum) | | |
| • | * | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation: | rida Profit Corporation adopts the following | , amendn | nent(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| • | | The ne | nw |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A | ". A professional corporation name must c | | |
| 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 <u>MAY BE A POST OFFICE BOX</u>) | | 14 OCT 24 | SECRETARY SECRETARY SECRETARY |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | s in Florida, enter the name of the | FX 4: 09 | SKOLIVAGES LOLSIVIE ED |
| Name of New Registered Agent | | | |
| (Florida street | address) | | |
| New Registered Office Address: | , 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 Signature of New Registered Age | | | |

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 Do | <u>oe</u> | |
|----------------------------|--------------|----------------|---------------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | VP | _ | ALBERTO E ANDERSSON | 7210 NW 43 ST |
| Add | | | | MIAMI FL 33166 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | _ _ | | |
| Remove | | | | |

| Attach | n additional sheet | ts, if necessary). | icles, enter chang (Be specific) | | | |
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| prov | amendment provisions for imple (if not applicable | menting the ame | hange, reclassific endment if not co | ation, or cancell ntained in the ai | ation of issued shar mendment itself: | res <u>.</u> |
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| The date of each amendment(s) ad | loption: → 10/2/28/4 | if other than the |
|---|--|-------------------|
| _date this document was signed. | · | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval. | |
| | roved by the shareholders through voting groups. The following statement 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 ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| CDātēd 10 | 12/12014 | |
| Signature | apladum | |
| selecte | irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) | |
| | MATILDE L RUIZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |