## P12000035461

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UUN 15 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GIL PAREDES INC  DOCUMENT NUMBER: P12000035461
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANGEL G. GIC
Name of Contact Person  GIL PAREDES IN C
2098 E. OSCEOLA PLWY; BLD61. SOITE 118
KISSIMMEE; FC; 34743
City/ State and Zip Code  HARIVEL GIC 21 @ HOTTAIC CENT  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AV6EL G. G! (40) 255-66// Name of Contact Person at (40) 255-66// Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of A	mendment
· Articles of Inc	corporation
GIL PAREDES IN	C SECRETARIA PHIZ: 14
(Name of Corporation as currently filed with the F	Torida Dept. Int. State ARY OF STATE
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
n) /A	The new
name must be distinguishable and contain the word "corporatio	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "	'Co". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "	P.A."
B. Enter new principal office address, if applicable:	2098 E. OSCEOLA PKWY
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	BLDG1; SUITE 118
	Kssimm &E FL; 34743
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2098 E. OSCEOLA PKWY
	BLDG 1; SUITE 118
	Rissimmee; FC,34743
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent W/A	<u> </u>
(Florida su	reet address) /
New Registered Office Address: New Registered Office Address:	, Florida N/A
(City)	(Zip Code)
Now Post Association Association (Control of the Control of the Co	<del>-</del>
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

Signature of New Registered Agent, if changing

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:

(Atlach 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: <u>X</u> Change	PT John Doe		
X Remove	V Mike Jone	<u>es</u>	
X Add	SV Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u> <u>N</u>	Name	<u>Addres</u> s
1) Change Add Remove	SEC ]	DIES M. GIL	2871 MIDDLETON CIN ZUSSIMMEE; FL; 34743.
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del> -		
6) Change Add Remove			

,	ding additional Article cheets, if necessary).	(Be specific)			
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f an amendment	provides for an excha	nge, reclassification	n, or cancellation of	of issued shares,	
	provides for an excha plementing the amendable, indicate N/A)	ament ii not contain	icu iii die amendi	acht Italii.	
(if not applica					
(if not applied	N/H				
(if not applica	N/17				
(if not applica	<u> </u>				
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(if not applica	N[7]				
(if not applica	N/17				
(if not applica	N/17		·		
(if not applica	<u>N/17</u>				
(if not applica	N/17				

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The date of each amendment(s) ad	Jantion: 6/6/20/2
Effective date if applicable:	loption:
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) fficient for approval.
	proved 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.  Dated	16/2014/ July (1)
(By a d selected	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)
	ANGEL G. GiL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)