P120000 98895

(Requestor's Name)	
, , ,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



400353164354

18/86/29--91988--828 **52,58

1.17

1 2001-5 PH 1:22

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{\mathrm{GI}}{-}$	M 4 INVESTMI	ENTS CORP	
DOCUMENT NUMBER: P12000			
The enclosed Articles of Amendme	nt and fee are su	bmitted for filing.	
Please return all correspondence co	ncerning this ma	tter to the following:	
HECTOR R	PARADISI		
.		Name of Contact Pers	on
GIM 4 INVE	STMENTS COR	RP	
		Firm/ Company	-
20 BOXWO	OD RD		
		Address	
HOLLYWO	OD, FL. 33021		
	.	City/ State and Zip Co	de
paradisil@ho	otmail.com		
• • • • • • • • • • • • • • • • • • • •		sed for future annual repo	rt notification)
For further information concerning	this matter, pleas		
Name of Contact Per	rson	Area C	ode & Daytime Telephone Number
Enclosed is a check for the following	g amount made [payable to the Florida De	partment of State:
-	5 Filing Fee & cate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address		Stree	t Address
Amendment Section		Amendment Section	
Division of Corpo	rations		ion of Corporations
P.O. Box 6327	2314		Centre of Tallahassee N. Monroe Street, Suite 810
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GIM 4 INVESTMENTS CORP.

(Name of Corporation as curre	ntly filed with the Florida I	Dept. of State)
P12000098895		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	sis Florida Profit Corporatio	n adopts the following amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must he distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation	ed" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		1 1
	·	0

C. Enter new mailing address, if applicable:		
(Mailing address <u>M.AY BE A POST OFFICE BOX</u>)	.	70
		
		. 5
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		. Florida
Hen Registered Office matrices.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familio Signature of Nev	ent: ir with and accept the obliga w Registered Agent, if changi	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1	1) (e), F.S.	

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DANIEL V GIMENO	C LA FILA CONJ LA VISTA # A
Add			ALTO PRADO, CARACAS 1061
X Remove			YV.
2) Change	P	GUSTAVO GIMENO	C LA FILA CONJ LA VISTA # F
X Add			ALTO PRADO, CARACAS 1061
Remove 3) Change			VE.
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

**************************************	ticles, enter change(s) here: (Be specific)
_ 	
_ 	
<u></u>	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:

.

The date of each amendment(s) a date this document was signed.	AUGUST 1ST. 2020.	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this idocument's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendmen ufficient for approval.	n(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by HECTOR R PARADI	SI (SECRETARY)	
Signature(By a conselection	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other edited fiduciary by that fiduciary)	
	HECTOR R PARADISI	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	