## <u>912000101895</u>

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	GALLVI 3000 IN	C			
DOCUMENT NUMB	P12000101895				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		LUCY V ANZOL	A		
•	Name of Contact Person				
	GALLVI 3000 INC				
	Firm/ Company				
	484 BUCKHORN DRIVE				
		Address			
		WINTER SPRINGS, FLO	ORIDA 32708		
	-	City/ State and Zip Code	e		
		GALLVI3000@GMAIL.C	ОМ		
	E-mail address; (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call: at (	<b>483-2683</b>		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cl\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle Issee, FL 32301		

## FILED 17 NOV -8 PH 12: 37

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSES FOR STA

GALLVI 3000 INC

· · · · · · · · · · · · · · · · · · ·	s currently filed with the Florida Dept. of State) P12000101895
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SSS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
•	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent
Thereby accept the appointment as registered agent. I am	
Signatur	o of Nove Rooistovad 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:

(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 Doc	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	S	ANGELICA DIAZ	484 BUCKHORN DRIVE
X Add			WINTER SPRINGS, FL 32708
Remove			
2) Change	S	LUCY DIAZ	484 BUCKHORN DRIVE
X Add		-	WINTER SPRINGS, FL 32708
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

'A	y). (Be specific)			
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	exchange, reclassific	ation, or cancellatio	n of issued shares,	
If an amendment provides for an o		ntained in the amen	dmen <u>t itse</u> lf:	
provisions for implementing the a	amendment if no <u>t co</u>	mamed in the amen		
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provisions for implementing the a (if not applicable, indicate N/A	amendment if no <u>t co</u>			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after a	mendment filv date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of verby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated 11/03/17 Signature Jucy Smota	
Signature Juny Smota	
(By a director, president or other officer – if directo	
selected, by an incorporator – if in the hands of a re	ecciver, trustee, or other court
appointed fiduciary by that fiduciary)	
LUCY ANZOLA	
(Typed or printed name of perso	n signing)
SECRETARY, DIRE	ECTOR
(Title of person sign	ing)