## P130000 30117

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone #/	)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
(Docu	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
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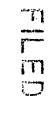
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SECRETARY OF STATE
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## **COVER LETTER**

NAME OF CORPORATION: GHERTECH INC

DOCUMENT NUMBER: P13000030117

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN J GHERSI
Name of Contact Person
P
Firm/ Company
1100 SW 130 AVE 408H
Address
PEMBROKE PINES, FL 33027
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JUAN J GHERSI** 

954

305-3864

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$35** Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$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 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

· ·				
	Articles of Amend	ment		
	to Articles of Incorpor	ration		
$\Lambda \Lambda \Lambda$	of	ation		
Coherter	hlac	•		
(Name of Corporation as currently	filed with the Florida	Dept. of State)		
JUS CONSTITUTE ,	117			
(Document Number of	of Corporation (if know	vn)		
	·			
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this <i>Florid</i>	la Profit Corporation ado	pts the following am	endment(s) t
is Afficies of incorporation.				
A. If amending name, enter the new name of the o	corporation:			
			The	e new
vord "chartered," "professional association," or the  B. Enter new principal office address, if applicab  Principal office address MUST BE A STREET AD	<u>le:</u>			
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u> )			
D. If amending the registered agent and/or regist new registered agent and/or the new registered		r Florida, enter the na mo	e of the	
Name of New Registered Agent				
	<u></u>			
	(Florida street ad	dress)		
New Registered Office Address:		. Florida		
The last to Allega tong and	(City)	,	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

(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)	Title	Name	Address
1) Change	D	MARIA A GHERSI	
X Add			1100 SW 130 AVE 408H
Remove			PEMBROKE PINES, FL 33027
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			<del>-,-,-</del>
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

	ry). (Be specific)		
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n amendment provides for an ovisions for implementing the (if not applicable, indicate N/A)	amendment if not cor	ation, or cancellation stained in the amend	of issued shares, ment itself:

The date of each amendment(s) adopt	ion: 4915
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h 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 adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	by the incorporators without shareholder action and shareholder
Dated 04/09/20	13 January Lina
(By a direct selected, by	tor, presidentor other officer = indirectors or officers have not been an incorporator of in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
JU	JAN J GHERSI
	(Typed or printed name of person signing)
<u>P</u>	RESIDENT
	(Title of person signing)