P13000046903

(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



600253535456

02/07/14--01022--003 **97.50

14 FEB -7 PM 4: 11

C. LEWIS
FEB 1 1 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GB GOMEZ		#3 INC
DOCUMENT NUMBER: P1300004690	3	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mate	ter to the following:	
MIKE A DONOSC)	
	Name of Contact Persor	
GB GOMEZ INSU	JRANCE #3 INC	
4.70 > 0.4 4.07 . 0.4	Firm/ Company	
1470 NW 107 AV		
DOBAL ELODID	Address	
DORAL, FLORIDA		
	City/ State and Zip Code	
miked@m-adinsurand		
E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Mike A Donoso	_{at (} 305	, 594-8696
Name of Contact Person	•	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}	**2 \$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 Amondment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

14 FEB -7 PH 4: 11

GB GOMEZ INSURANCE #3 INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
13000046903	
(Document Number of Corporation (if known)	

ment(s) to

P13000046903					
(Document Numbe	r of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Fl</i>	orida Profit	<i>Corporation</i> ado	pts the following	; amendme
A. If amending name, enter the new name of the MAD INSURANCE INC	e corporation:				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp." "Inc." or "Co	". A profes			
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)				
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		s in Florida	, enter the name	of the	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:	(Сиу)	•	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing	Ragistorad Agant.				
l herehy accept the appointment as registered ager	nt. I am familiar wit	h and accept	the obligations	of the position.	
Signature	d Nove Registered Am	ant if abana	lua		

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	<u>Name</u>	Address
Change Add		_	
Remove			
2) Change	<u> </u>		
Add			
3) Change			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
······································	· · · · · · · · · · · · · · · · · · ·
	<u> </u>

TAPPROVEL '

12-1-2013 14 FEB-7 PM 4:11
The date of each amendment(s) adoption: $12-1-2013$ is a sign of second than the date this document was signed.
Effective date if applicable: $\frac{1-1-2014}{(no\ more\ than\ 90\ days\ after\ amendment\ file\ date)}$
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required. Dated $12-1-13$
Signature (Byla director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary) Aike A. Donos o (Typed or printed name of person signing)
President (Title of person signing)