## P13000072194

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: 6 LL(Spie's	Parase Toc.	
DOCUMENT NUMBER: P13000072194	Box cops = 110	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Logan Gilles	s Pie	
	Name of Contact Person	
Logan Gilles Gillespie Go	MaGe	
	Firm/ Company	
1339 42" St	NW	
1339 42" st	Address	
Winter haven FC	City/ State and Zin Code	
Gilles Pie garase in c E-mail address: (to be use	ed for future annual report	notification)
For further information concerning this matter, please	e call:	
Logan Gillespic  Name of Contact Person	at (863	551-3200
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\times \text{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	Street	Address
Amendment Section		ment Section
Division of Corporations P.O. Box 6327		n of Corporations Building
Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

FILED

() ()	of		1166	
Gillespie's	Gasage	Inc. 201	15 MAR 13	PM 12: 43
(Name of Corporation as co	urrently filed with the Florid	la Dept. of State)	FORETARY:	OF STATE
		M	ĽĽÁHASSEI	FLORIDA
(Document l	Number of Corporation (if known	own)	1	***
suant to the provisions of section 607.10 Articles of Incorporation:	06, Florida Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the foll	owing amendme
If amending name, enter the new nam	e of the corporation;			
				The new
ne must be distinguishable and contai orp.," "Inc.," or Co.," or the designati d "chartered," "professional associatio	ion "Corp," "Inc," or "Co".	A professional corpo		
Enter new principal office address, if	applicable:			
incipal office address <u>MUST BE A STR</u>	EET ADDRESS )			
	-		<del></del>	<del></del>
	-			—
Enter new mailing address, if applica				
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)		<del></del>	<del>,.,</del>
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	~		····	
If amending the registered agent and/or the new registered agent age		n Florida, enter the na	ame of the	
new registered agent and/or the new r		n Florida, enter the n	ame of the	
		n Florida, enter the n	ame of the	
new registered agent and/or the new r	egistered office address:		ame of the	
new registered agent and/or the new r			ame of the	
new registered agent and/or the new r	egistered office address:		_	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	0	Troy LACEY	1501 335+ NIW
Add			winter haven Fe
Remove			33881
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary)	). (Be specific)			
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date this document was signed.		_, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 2-27-15	- -	
Signature 109cm	follespie	
selected, by arri	oresident or other officer - If directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
	Oban Gillespie	_
	Oban GillesPie (Typed or printed name of person signing)  Orner President	
	Ovner tresident (Title of person signing)	<del></del> -