P130000 89829

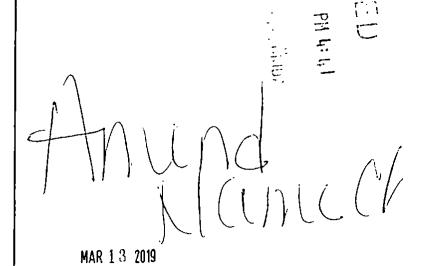
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SHELLIEST	YLE INC
DOCUMENT NUMBER: P13000089829	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
LOPEZ, JORGE	
	Name of Contact Person
	Firm/ Company
932 North B Street	
	Address
Lake Worth, FL 33460	
	City/ State and Zip Code
gligroup@yahoo.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
LOPEZ, JORGE	at (561
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	
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 Amendment to

Articles of Incorporation of

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(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	(Z)
P13000089829			187
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the fol	llowing amendme
A. If amending name, enter the new na	me of the corporation:		
GLI Group Inc			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
D. Catalana and thomas	(Camplinghlas	932 North B Street	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Lake Worth, FL 33460	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of			
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	LOPEZ, JORGE		
	932 North B Street		
	tFlorida s	treet address)	
New Registered Office Address:	Lake Worth	Florida 33	460
		(City)	(Zip Code)

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

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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 = Chairman or Clerk; CEOExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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.

Mike Jones,) as Kemove	, (1/101 -)(1)	y aming or the services.	
Example: X Change	<u>PT</u>	John Doe	
\underline{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>	Address
1) Change		4/4	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	<mark>ng or adding ad</mark> ditional sheets, if	necessary). (Be	e specific)	/ Heve .			
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lf an amei	ndment provide:	s for an exchang ting the amendm	e, reclassification	<u>n, or cancellations</u>	on of issued shar adment itself:	<u>es,</u>	
(if no	ot applicable, ind	licate N/A)	CIII II III COIII				
N	A						
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	/28/2019	, if other than t
The date of each amendment(s) adoption: date this document was signed.		, it other than
02/28/2019		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, t State's records.	his date will not be listed as
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amend approval.	ment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following s group entitled to vote separately on the amendment(s	tatement):
"The number of votes cast for the amea	ndment(s) was/were sufficient for approval	
bv	<u> </u>	
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sharehol	der
Dated		
selected, by an inco	sident or other officer – if directors or officers have no orporator – if in the hands of a receiver, trustee, or oth y by that fiduciary)	t been er court
Jorge Lope	z z .	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	