## P10001699

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ALLAHASSEE, FLORIDA

APR 30 2014 R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: GGT SERVICES INC DOCUMENT NUMBER: P14000016599 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIRELA GAVOCI Name of Contact Person GGT SERVICES INC Firm/ Company 669 EAGLESHAME CT Address JACKSONVILLE, FL 32225 City/ State and Zip Code MIRELAGAVOCI1@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $\begin{array}{c} \text{at} \, (\underline{904} \\ \text{Area Code \& Daytime Telephone Number} \end{array}$ MIRELA GAVOCI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

## **GGT SERVICES INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000016599 (Document Number of Corporation (if known) it(s) to

Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Floi</i>	ida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of th	e corporation:		
		Wassington Wasser	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	lorp," "Inc," or "Co"	. A professional corpo	
B. <u>Enter new principal office address, if applications</u> (Principal office address <u>MUST BE A STREET A</u>		·	
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>BOX</u> )		
D. If amending the registered agent and/or reg		in Florida, enter the n	ame of the
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent			<del></del>
	(Florida street d	address)	<del></del>
New Registered Office Address:		, Flori	da
	(City)		(Zip Code)
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	ent. I am familiar with	and accept the obligati	ions of the position.
Signature	of New Registered Age	nt, 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 <math>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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MIRELA GAVOCI	669 EAGLESHAM CT
Add	_		JACKSONVILLE, FL 32225
Remove			
2) Change	P	KEL ALIA	669 EAGLESHAM CT
Add			JACKSONVILLE, FL 32225
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

mani adam	or adding additional sheets, if necess	ary). (Be specific	;)		
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<u>If an amend</u>	nent provides for a	n exchange, reclas	ssification, or can	cellation of issued s	hares,
provisions	or implementing th	<u>ie amendment if n</u>	ot contained in the	e amendment itself:	•
(ij not t	pplicable, indicate l	V/A)			
	_				
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				·	

date this document was signed.	option:	, ii other thaii ti
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	,,	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_04/15/20	014	
Signature	Ato	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	·
	MIRELA GAVOCI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	