P14000017364

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SECRETARY OF STATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: GIVMORGETMO	R CORP	
DOCUMENT NUMB	D1.4000011724.1		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	ANTONY WATSON		
•		Name of Contact Persor	1
	GIVMORGETMOR CORP		
•		Firm/ Company	
	478 E ALTAMONTE DR ST	TE 108-298	
•		Address	
	ALTAMONTE SPRINGS, F	L 32701	
		City/ State and Zip Code	e
INFO	@GIVMORGETMOR.COM		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANTONY WATSON		at (930-9033
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

17 DEC 22 PH 12: 04

Articles of Amendment to Articles of Incorporation of

$G\Gamma$	V٨	AOR	GFT	$^{\circ}MOI$	R CO	RP

(Ivalie of Corporation as curren	tly filed with the Florida Dept. of State)	
P14000017364		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
· · · · · ·	N/A	
	N/A	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		T DEC
N/A		22 23
Name of New Revistered Avent		
Name of New Registered Agent N/A		
Name of New Registered Agent N/A	street address)	- PH 12:
Name of New Registered Agent N/A	street address) N/A Florida	PHIZ: OF

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CHRISTOPHER DODD	478 E ALTAMONTE DR
XAdd			STE 108-298
Remove			ALTAMONTE SPRINGS, FL 32701
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets, if neces	sary). (be specific)			
/A			_		
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It an am	endment provides for a ons for implementing t	in exchange, reclassif	ication, or cancella contained in the an	ition of issued shall andment itself:	res,
(if i	not applicable, indicate	N/A)	tomamed in the an	icitament useri.	
/A	••	,			
					<u></u>
				•	
					
	<u></u>				

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: 12/20/17
Effective date if applicable: 12/20/17 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
(voting group)
☐ 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
Dated
(By a 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)
ANTONY WATSON
(Typed or printed name of person signing)
(Title of person signing)