## P14000042672

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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2024 NOV - 1 AM 8: 29
CHARLESTANT OF STATE
ANTI AHASSEE, FLORIDA



October 17, 2024

GABRIEL VALDIVIA 21305 SW 238 STREET HOMESTEAD, FL 33031

SUBJECT: GV PROFESSIONAL SERVICES, INC

Ref. Number: P14000042672

We have received your document for GV PROFESSIONAL SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 624A00023009



## **COVER LETTER**

TO: Amendment Section Division of Corporations

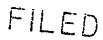
Tallahassee, FL 32314

NAME OF CORPO	PRATION: GV PROFESSION	NAL SERVICES INC				
DOCUMENT NUM	P14000042672					
The enclosed Article	s of Amendment and fee are su	abmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	GABRIEL VALDIVIA					
	Name of Contact Person					
	GV PROFESSIONAL SERVICE INC					
	Firm/ Company					
	21305 SW 238 ST					
	Address					
	HOMESTEAD, FL 33031					
	City/ State and Zip Code					
	GVALDIVIA10@YAHOO.	СОМ				
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	se call:				
GABRIEL VALDIVIA		786 at (	255-6469			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	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)			
Mailing Address  Amendment Section			Address ment Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



GV PROFESSIONAL SERVICES, INC	2024 NOV -1 AM 8: 29
(Name of Corporation	as currently filed with the Florida Dent, of State)
P14000042672	TALLAHASSEE, FLORIDA
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
new registered agent and/or the new registered or	nce address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. Let	tered Agent: am familiar with and accept the obligations of the position.
and the second section and the second section is the second section.	James and decept the configuration of the political
Signatu	ure of New Registered Avent if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Jone	<u>s</u>	
X Add	<u>\$V</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	l <u>ame</u>	<u>Addres</u> s
I) Change	VP		MARIA C VALDIVIA	21305 SW 238 ST
X Add				HOMESTEAD, FL 33031
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del>-</del> _		
Add				
Remove			_	
6) Change		<u> </u>		
Add			=	
Remove				

	(Be specific)
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an amendment provides for an exchrovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

•	SEPTEMBER 23, 2024	
The date of each amendment(s) ad	ption:	, if other than the
date this document was signed.		
	EMBER 23,2024	
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendicient for approval.	dment(s)
	oved by the shareholders through voting groups. The following arch voting group entitled to vote separately on the amendment(s	s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	FIL TÄLLAHAS
by	.,	무
	(voting group)	L L
SEPTEMBE Dated	R 23, 2024	A SE PLO
Signature	and home of	8: 29 STATE LORIDI
	clor, president or other officer - if directors or officers have not	t been
	by an incorporator - if in the hands of a receiver, trustee, or other	
appointe	I fiduciary by that fiduciary)	
_	GABRIEL VALdivit	
	(Typed or printed name of person signing)	
	Pros	

(Title of person signing)