## P1400057167

(Re	questor's Name)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GMOFORIS COR	PORATION	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Bart Houston		
		Name of Contact Person	1
	The Houston Firm, P.A.		
		Firm/ Company	
	1401 E. Broward Blvd, Suite	201	
		Address	
	Ft. Lauderdale, FL 33301		
		City/ State and Zip Cod	્
bhou	ston@thlglaw.com		
	·	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		900-2615
Name	of Contact Person	at (	) 900-2615 de & Daytime Telephone Number
	or the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	PRPORATION	, (	GMOFORIS	(
--	------------	-----	----------	---

P14000051167	ocument Number o	y filed with the Florida Dept. of State  f Corporation (if known)  Florida Profit Corporation adopts the		unendn	nent(s) to
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this		following a	unendn	nent(s) to
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this		following a	unendn	nent(s) to
A. If amending name, enter the new name of th	ne corporation:				
			7	he ne	214 <i>7</i>
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	'orp," "Inc," or '	Co". A professional corporation na	or the abb.	reviatio	on
B. Enter new principal office address, if applic	able:	1401 EAST BROWARD BLVD.			
(Principal office address MUST BE A STREET)		SUITE 201			
		FORT LAUDERDALE, FL 33301	is our	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE	E BOX)	1401 EAST BROWARD BLVD.	7.00 11.00 21.00 21.00	NON	71
		SUITE 201	Visi.	7 1	FED
		FORT LAUDERDALE, FL 33301	7-1-	- <del>12</del>	$\bigcirc$
D. If amending the registered agent and/or reg new registered agent and/or the new registe			2 ;	C.	
Name of New Registered Agent					
1401 Ea	AST BROWARD	BLVD., SUITE 201			
		vet address)			
<u>New Registered Office Address:</u> FORT I	LAUDERDALE	, Florida			
		(City)	tZip Coo	le)	

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: XChange	PT	John Doe			
$\underline{X}$ Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>			<u>Addres</u> s
1) Change	v	STAVI	ROS MOFORIS		1401 E BROWARD BLVD
Add					SUITE 201
Remove					FORT LAUDERDALE, FL 33301
2) Change					
Add					
Remove					
3) Change		_		<del></del> .	
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_		<del></del> ,	
Add					
Remove					

	ding additional Art heets, if necessary).	(Be specific)			
<u> </u>					
	<u> </u>				<u> </u>
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				<u>-</u>	<del></del>
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f an amendment r	provides for an excl	hanga raplaccifina	tion or concellat	ion of iccuad char	roc
provisions for imp	plementing the ame	ndment if not con	tained in the am	endment itself:	<u> </u>
(if not applica	ble, indicate NA)				
<u> </u>					
				· · ·	
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:, if	other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	o listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
lav.	
by	
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.	
11/2/2018	
Dated	
Cionatura	
Signature  (By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a need ver, trustee, or other court	
appointed fiduciary by that fiduciary)	
STAVROS MOPORIS	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	