P14000077915

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	е)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GIFT DOCUMENT NUMBER: P14000	TS PLANET,IN 0077915	IC.	
The enclosed Articles of Amendment ar	nd fee are submitted for fi	ing.	
Please return all correspondence concern	ning this matter to the foll	owing:	
LOBNA B	ASISOU		
	Name of C	Contact Person	
GIFTS PL	ANET		
	Firm/	Company	
24801 PO	RTOFINO DF	t	
	A	ddress	-
LUTZ , 33	5559		
	City/ State	and Zip Code	11.00.000
I OI OBESISO	O@HOTMAIL.	COM	
	ess: (to be used for future		stification)
17 Hall deale	iss. (to be used for future	annual report ne	, in cation,
For further information concerning this i	matter, please call:		
LOBNA BASISOU		941	4472501
Name of Contact Person	at	Area Code	& Daytime Telephone Number
Enclosed is a check for the following am	nount made payable to the	Florida Departi	ment of State:
□ \$35 Filing Fee □S43.75 Fil Certificate	of Status Certified	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Division Clifton B 2661 Exe	ent Section of Corporations

Articles of Amendment to Articles of Incorporation

FILED

GIFTS PLANET, INC.

2015 MAR 13 PM,3: 19

SECRETARY OF STATE TALL MHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P14000077915

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

N/A			The
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A profe		
B. <u>Enter new principal office address. If applica</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)			-
D. If amending the registered agent and/or regis	tered office address in Florids	enter the name of the	•
new registered agent and/or the new register		TO THE REAL PROPERTY OF THE PERSON OF THE PE	
Name of New Registered Agent			
	(Florida street address)		
		, Florida	-
New Registered Office Address:		(Zip Code)	
New Registered Office Address:	(City)		

Signature of New Registered Agent, 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 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>	Address
1) Change	Р	LOBNA BASISO	24801 PORTOFINO DR
✓ Add			LUTZ,FL 33559
Remove			US
2) Change	P	RANIA SEKIK	24801 PORTOFINO DR
Add			LUTZ, FL 33559
✓ Remove			US
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
VA	(be specific)
WA	
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<u></u> -	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	e ni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 7 15	
Signature Raving Sckyb	
(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 cou appointed fiduciary by that fiduciary)	11
Rania SEKIX (Typed or printed name of person signing)	-n
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	