P14000086089

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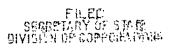
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GLORIA ALF, I	NC.		
DOCUMENT NUMBER: P14000086089			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
GREGORIA DEL CARME	EN BORBON		
	Name of Contact Person	1	
GLORIA ALF, INC.			
	Firm/ Company		
16116 TAMPA ST		•	
	Address		
LUTZ, FL 33548			
	City/ State and Zip Code	2	
GLORIAALFINC@YAHOO.CO)M		
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, ple	ease call:		
GREGORIA DEL CARMENT BORBON	at (²⁶⁷	235-3535	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GLORIA ALF, INC.			15 SEP -9	AM 11: 13
(<u>Name</u>	of Corporation as currently	filed with the Flor		
P14000086089				
	(Document Number of C	Corporation (if know	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation: A. If amending name, enter the new name.		lorida Profit Corpo	ration adopts the follow	wing amendment(s) to
A. It amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional		
B. Enter new principal office address, (Principal office address MUST BE A S		·		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) Id/or registered office addre	ss in Florida, enter	r the name of the	
	GREGORIA DEL CARMEI	N BORBON		
Name of New Registered Agent	21845 WAVERLY SHORE	LN	· ·	
	(Florida stree	t address)		
New Registered Office Address:	LAND 'O' LAKES		3463' , Florida	7
	(0	City)	(2	Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis		•	bligations of the positio)n.

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	PT	John De	<u>oe</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	Address	
1) Change	<u>v</u>		SONIA VILLANUEVA	7326 EXTER WAY	
Add				TAMPA, FL 33615	
X Remove					
2) Change		_			
Add				<u></u>	
Remove					
3) Change		_			
Add				·	
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	:9/	9/2015	· · · · · · · · · · · · · · · · · · ·	_, if other than the
iate this document was signed. Effective date <u>if applicable:</u>	19/2015	,	SECRETARY OF	O PA O
Effective date is appreciate.	(no more than 90 days	after amendment file da	, ·	MATA CALL
Note: If the date inserted in this block do document's effective date on the Department		statutory filing requirement	15 SEP -9 AH ents, this date will i	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient		per of votes east for the a	mendment(s)	
☐ The amendment(s) was/were approved b must be separately provided for each vo				
"The number of votes cast for the a	nmendment(s) was/were suffi	icient for approval		
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)			
The amendment(s) was/were adopted by action was not required.	the board of directors witho	ut shareholder action and	d shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without sh	areholder action and sha	reholder	
09/05/2015 Dated				
Signature ANDA	DUAL BOX	bon		_
(By a director, selected, by an	president or other officer — incorporator — if in the hand ciary by that fiduciary)			
GREGO	ORIA DEL CARMEN BOR	BON		
	(Typed or printed name	of person signing)		, , , , , , , , , , , , , , , , , , ,
PRESII	DENT			
	(Title of per	son signing)	•	