P15000018253

(Re	questor's Name)	
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(Do	cument Number))
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(RM) 41415

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GW ENT		
DOCUMENT NUMBER: F 130000 102	200	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
GUERDY FAB	RE	
	Name of Contact Person	1
	Firm/ Company	
5656 NW 7TH	• •	
MIAMI, FL 331	Address 27	
	City/ State and Zip Code	e
INFO@GWENTE	RPRISE@GM	1AIL.COM
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
GUERDY FABRE	at (305_	814-2245
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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	Street	Address
Amendment Section		Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

GW ENTERPRISE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000018253

(Document Number of Corporation (if known)

. If amending name, enter the new name of the	corporation:		The
nne must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	orp," "Inc," or "Co". A		
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		NA	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	BOX)	NIA	
. If amending the registered agent and/or registered agent and/or the new register		lorida, enter the name of	
Name of New Registered Agent	(Florida street addre	ess)	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)

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>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	GUERDY W FABRE	5656 NW 7TH AVE
Add			MIAMI, FL 33127
Remove			
2) Change	<u></u>		
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sh	ing additional Articets, if necessary).	(Be specific)	ge(s) nere:		
					
					
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provisions for imp	rovides for an exch lementing the ame ble, indicate N/A)	ndment if not co	ontained in the s	mendment itse	<u>snares,</u> l <u>f:</u>
		Y			
					
	10				<u></u>

The date of each amendment(s) adoption: 4995 date this document was signed.	, if other than th
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(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	
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 receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CUFPLY Fabre (Typed or printed name of person signing)	
- President	
(Title of person signing)	