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SECRETARY OF STATE
TALLAHASSEE FLORID.

DEC 01 2015

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Gala Ballroom	, Inc	
DOCUMENT NUMB	er: <u>P150000</u> 3	7356	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
. 1	Eduardo Hernandez		
-		Name of Contact Persor	1
	The Gala Ballroom, Inc		
_		Firm/ Company	
Č	026 SW 35th Ter		
-		Address	- · · · · · · · · · · · · · · · · · · ·
(	Cape Coral, FL 33914		
-		City/ State and Zip Code	2
galaba	llroom@yahoo.com		
<del></del>	<del>-</del> ·	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Eduardo Hernandez		239	265-3351
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
S35 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)
Ame Divis P.O.	ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

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The Gala Ballroom, Inc

		SLCRETARY OF STATE
( <u>Name o</u>	of Corporation as currently fi	filed with the Florida DeptlAE state ASSEE FLORIDA
PI	5000037356	
•	(Document Number of Co	'orporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the following amendmen
If amending name, enter the new na	me of the corporation:	
		The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbreviation  O". A professional corporation name must contain the  A."
Enter new principal office address, rincipal office address MUST BE A ST		
Enter new mailing address, if appli (Mailing address MAY BE A POST of		·
If amending the registered agent an new registered agent and/or the nev		s in Florida, enter the name of the
Name of New Registered Agent	Eduardo Hernandez	
Name of New Registered Agent	- William -	ıl, FL 33914
Name of New Registered Agent	Eduardo Hernandez  926 SW 35th Ter, Cape Cora  (Florida street	
Name of New Registered Agent  New Registered Office Address:	926 SW 35th Ter, Cape Cora	

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>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Amarylis Alonso	926 SW 35th Ter
Add x Remove			Cape Coral, FL 33914
2) X Change	p	Eduardo Hernandez	926 SW 35th Ter
Add			Cape Coral, FL 33914
Remove 3) Change	VP	Hilda Maria Alonso	926 SW 35th Ter
x Add			Cape Coral, FL 33914
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	equilibrium — equid Paragraphy
Add			
Remove			

E. <u>If amending or adding additional Artic</u>	les, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
NIA	
NH	
	A MARKET CONTRACT OF THE CONTR
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•	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	
•	
	district a constant of the state of the stat
	The state of the s
	1. Mar Maria

The date of each amendment(s) adoption:	_, if other than the
late this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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)	
(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)	_
Edvardo Hermandez (Typed or printed name of person signing)	<u> </u>
President (Title of person signing)	