P15000059125

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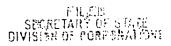
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GYRO REVIEWS	, INC.	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
S	COTT GIVENS, P.A.		
_		Name of Contact Persor	1
S	COTT GIVENS, ESQ.		
-		Firm/ Company	
6	01 BAYSHORE BLVD., S	ГЕ. 150	
_		Address	
1	AMPA, FL 33606		
		City/ State and Zip Code	e
SGIVE	NS@SJGLEGAL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SCOTT GIVENS		at (⁸¹³	397-3944
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	□\$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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, 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



GYRO REVIEWS, INC.

15 AUG 10 AM 8: 09

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P15000059125		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
		N/A
D. If amending the registered agent ar		
new registered agent and/or the ne	•	<u>ss:</u>
Name of New Registered Agent	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	, Florida
<u> </u>		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	ıt:
		with and accept the obligations of the position.
	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>	<u>Addres</u> s
I) X Change	P	JODI KAPLAN	30725 U.S. HIGHWAY 19 NORTI
Add			SUITE 243
Remove			PALM HARBOR, FL 34684
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	·
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
 	
1 110 110 110 110 110 110 110 110 110 1	

he date of each amendment(s	•	, if other than the
ate this document was signed. Note that the if applicable:	I/A	SEGRETARY OF START
nective date <u>it applicable</u> :	(no more than 90 days after amendment file date)	15 AUG 10 AM 8: 09
	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as t
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and sha	
action was not required.		
8/5/15 Dated	Dents Isin	
(By sele	a director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	SCOTT GIVENS	
	(Typed or printed name of person signing)	
	Incorporator / Attorney (Title of person signing)	