P15000084932

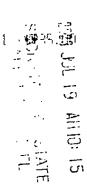
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	GERENCO INC.			
	P15000084932			
DOCUMENT NUMBI	ER:	·		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
elease return all corresp	ondence concerning this ma	tter to the following:		
		Leopoldo Paoli		
_	<u>.</u> .	Name of Contact Persor		
	(Gerenco Inc.		
_	·	Firm/ Company		
		14731 Halter Rd		
		Address		
	Welling	ion, FL 33414		
_	-	City/ State and Zip Code		
	leopaoli@	gmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)	
for further information	concerning this matter, plea	se call:		
Leopoldo Paoli		561 at (573-5436	
Name of Contact Person		Area Code & Daytime Telephone Number		م النام الم
inclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	1 111 19 TESTS
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	ALD IS
Amen	ng Address Idment Section Idment of Corporations	Amend	Address ment Section n of Corporations	

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

GERENCO INC.

(<u>Name of C</u> P15000084932	orporation as currently	filed with the Florida Dept. of State)	
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fi</i>	lorida Profit Corporation adopts the follow	ving amendment(s) t
A. If amending name, enter the new name	of the corporation:		
	NA		The new
name must he distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or the contact of the contac	," "Inc," or "Co". A	mpany," or "incorporated" or the abbrevio professional corporation name must con	ution "Corp.," tain the word
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		N/A	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		N/A	
D. If we also she was intended a second and de-	internal office address	as in Florido, antos the name of the	
If amending the registered agent and/or new registered agent and/or the new re		ss in riorida, enter the name of the	
Name of New Registered Agent	N/A		
			2523 2523
	(Florida stree	et address)	
New Registered Office Address:	N/A	, Florida	· · · · · · · · · · · · · · · · · · ·
	10	City) (Z.	ip Code) = = = = = = = = = = = = = = = = = = =
New Registered Agent's Signature, if chan	ging Registered Agent:		N 10 15
I hereby accept the appointment as registered	l agent. I am familiar wi	th and accept the obligations of the positio	n. m =
	Signature of Mone Day	gistered Agent, if changing	
	ingiliate by them heg	increa rigem, y enunging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> 174</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Fabiana Mussio-Paoli	Wellington, FL 33414
Add Remove			
2) Change Add			
Remove 3) Change			
Add Remove			
4) Change			5.10 Jul
Remove			
5) Change Add		_/	三五 5
Remove 6) Change			
Add Remove			
KCHIOYC			

NA			
0- 1/3			
		,	
	········		
amendment provides for an exchange, reclassification, or	cancellation of i	ssued shares.	
isions for implementing the amendment if not contained i	in the amendmer	t itself:	
(if not applicable, indicate N/A)			7.00
-N/A			<u> </u>
			[,
			<u> </u>
			<u> </u>
	· · ·		
			. ⁷¹ .0

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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		mendment file date)
	(no more than 90 days after a	imendment file date)
Note: If the date inserted in this document's effective date on the E		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of direc	ctors without shareholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of vulficient for approval.	rotes cast for the amendment(s)
	proved by the shareholders through voting greach voting group entitled to vote separate	
"The number of votes cas	for the amendment(s) was/were sufficient f	or approval
by		·
•	(voting group)	
07/13/23		
Dated	1.11	
*		
Signature	Wys /	
	lirector, president or other officer – if director	
	ed, by an incorporator – if in the hands of a rated fiduciary by that fiduciary)	eceiver, trustee, or other count
appo	Leopoldo Paoli	
	(Typed or printed name of person	on signing)
	President	5 5 .
	(Title of person signing)	·

. . .

2023 JUL 19 MI 10: 15
**SECULTION OF STATE
**ALLATIA JEE FL