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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GB8, INC			
	BER: P16000007702			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	BERNARDI CLOVIS JR			
		Name of Contact Person	1 .	
	Firm/ Company			
	Address 4367 SW 10TH PLACE UNIT 12			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
BERNARDI CLOVI	S JUNIOR	at () de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□S43.75 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)	
Mailing Address		Street	Address	

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

GB8,INC						
(Name of Corporation	n as currently	filed with the Flo	rida Dept. of State)	!		_
P16000007702						
(Docume	ent Number of (Corporation (if kno	own)	,		
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this F	lorida Profit Corp	ooration adopts the fo	ollowing a	amendn	ient(s) i
A. If amending name, enter the new name of the cor	rporation:					
				7	The ne	1342
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	" "Inc," or "C	o". A profession		the abb	reviatio	m
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>(x)</u>			Control of the contro	2816 HDV 114 AN	
D. If amending the registered agent and/or registere	ed office addre	ss in Florida, ent	er the name of the	. لله د د	တ္	
new registered agent and/or the new registered o		33 III I IOI WALL CITE	er the name of the		.05	
Name of New Registered Agent				s-r-a	٠.	
	(Florida stree	rt address)				
New Registered Office Address:			. Florida			
	(0	City)		(Zip Co	de)	
New Registered Agent's Signature, if changing Regis						
I hereby accept the appointment as registered agent. I	am familiar wi	th and accept the	obligations of the po	sition.		
Signa	uture of New Res	oistered Agent if	-hanoino			

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.

X Change	<u>PT</u>	John Doc	
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
1) Change	VP	DAUSA MOLL DA ROCHA	4367 SW 10TH PLACE 202
X Add			DEERFIELD BEACH FLORIDA
Remove			ZIP 33442
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			- Land -
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	V
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	
•	

The date of each amendment(s) and date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Enective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	clock does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
•	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	11/8 / ,	
selepte	frector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	BERNARDI CLOVIS L JUNIOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	