P16000015796

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TO: Amendment Section	COVER LETTER
Division of Corporations	J. GODDON ATION
NAME OF CORPORATION: GXCL HOLDINGS	CORPORATION
DOCUMENT NUMBER: P16000015796	
The enclosed <i>Articles of Amendment</i> and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
BARRY BAKSH	
	Name of Contact Person
GXCL HOLDINGS CORPOR	RATION
2056 TOWN CENTED DI VE	Firm/ Company
3956 TOWN CENTER BLVE	Address
ORLANDO. FL 32837	Address
	City/ State and Zip Code
b.baksh@gxclgroup.com	İ
	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
BARRY BAKSH	at (786) 329-9829
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$\sigma\$ \$\s	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment	
to	
Articles of Incorporation of	
GXCL HOLDINGS CORPORATION	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000015796	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foits Articles of Incorporation:	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:	
The second has likely and anything the condition of the second of the se	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must embreviated," "professional association," or the abbreviation "P.A."	contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Finitipal office address MOST BL A STREET ADDRESS)	
i[l]	·~)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	•
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	: 26
Name of New Registered Agent	
Name of New Registered Agent	
(Florida street address)	
ti tortud street dadressy	
New Registered Office Address:, Florida	(Zip Code)
	(My Cour)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent! I am familiar with and accept the obligations of the pos.	ition.
Signature of New Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607!0120 (11) (e), F.S.	

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFC President, Treasurer, L Changes should be not a change, Mike Jones (er and/or lets, if neces director tites Presiden Derector worded in the followers the college was the college to the college was the college the college and the followers the college the college and the followers the college and the colle	Director being added: sary) the by the first letter of the office tt: T= Treasurer; S= Secretary inancial Officer: If an officer/a ould be PTD. bllowing manner; Currently Jo	title: ; D= Director; TR= Tr. lirector holds more than hn Doe is listed as the F	lirector being removed and title, name, and ustee: C = Chairman or Clerk: CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is hould be noted as John Doe. PT as a Change,
X Change	<u> PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	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	EVP	REHANNA HOSE	N-DASS	3956 TOWN CENTER BLVD
X Add				ORLANDO, FL 32837
Remove				
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 Articles, en	l iter cl	 nange(s) here:	
(Attach additional sheets, if necessary). (Be s	pecific	 · · · _ · 	
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F. If an amendment provides for an exchange, r provisions for implementing the amendmen	t if no	streamon, or cancenation of issued snares,	
(if not applicable, indicate N/A)	<u> </u>	l l	
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08/26/2020
The date of each amendment(s) adoption:, if other than the date this document was signed.
08/26/2020 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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
(voling group)
08/26/2020 Dated
Signature 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)
BARRY BAKSH
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)
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