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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GTOPS INC.				
DOCUMENT NUME	BER:				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	GREGORY BILLMAN				
	Name of Contact Person				
	GTOPS INC.				
		Firm/ Company			
	690 JACKSON CT			S. 28.	
		Address		30 3 - ·	
	SATELLITE BEACH, FL 32	937			
		City/ State and Zip Code)	手手 市	
	greggbillman@gmail.com			SECULTATION OF STATE FL	
	E-mail address: (to be us	ed for future annual report	notification)	AH 8: 07	
For further informatio	n concerning this matter, pleas	se call:		ATE DI	
Ray Garcia, Esq.		at (227-4030		
Name of Contact Person		Area Coo	de & Daytime Telephone Number	_	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
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

OI .		
GTOPS INC.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000017599		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FT</i> its Articles of Incorporation:	lorida Profit Corporation adopts the followi	ng amendment(s)
A. If amending name, enter the new name of the corporation:		
		Thenew
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A"		ion "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		SECISE I
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	PART OF STATE
		_
tFlorida stree	t address)	
New Registered Office Address:(C	, Florida	r Code)
New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	

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.

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)

Example:

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 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
1) Change	T	Dania Billman	690 JACKSON CT
X Add	•		SATELLITE BEACH, FL 32937
Remove			
2) Change	D	Dania Billman	690 JACKSON CT
X Add			SATELLITE BEACH, FL 32937
Remove 3) Change	D	Gregory Billman	690 JACKSON CT
X Add			SECTALLAHI
Remove			
4) Change			(五) (五)
Add			Figure 6
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

atach additional sheets, if necessary). (Be specific)	
	<u> </u>
	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	SECKETTALLA
(if not applicable, indicate NA)	79 E
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	THE STATE OF THE S
	<u> </u>
	TOWNS SEE FL
	M

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The date of each amendment(s) adoption:	, if other than the
date 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 adominant's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendmentes) was were adopted by the incorporators, or board of directors without shareholder action and secret was not required	shareholder
The amendments) was were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.	
The amendment is was were approved by the shareholders through voting groups. The following statement must be strong to a provided for each voting group entitled to vote separately on the amendment(s):	
The restrict voice cast for the amendment(s) was/were sufficient for approval	
(voting group)	
Dailed 3 July 23	
Willes Francisco	
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)	
GREGORY BILLMAN	2027
(Typed or printed name of person signing)	是是
President/Majority Shareholder	5 5 6
(Title of person signing)	M 8: 01
	PAR