P16000043322

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: <u>P16000043322</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Kenia Aguilar
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Mailing Address

\$35 Filing Fee

An indiment Section

Division of Corporations

P.C. ... k 6327

assee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building .
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

to

Articles of l	ncorporation
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Articles of incol	rporation	
Gala Party Rent	al, Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P16000043322	_	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	lorida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
	utions, Corp.	
Solar Panel Installation and Sol name must be distinguishable and contain the word "corporation,"		The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name n	nust contain the
word "chartered," "professional association," or the abbreviation "P.	A. "	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ΛΙΔ	
	/VFI	
C. E-ton and and the state of t	Ĩ	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ŗ	SE TO
	Λ Ι Λ	
		- I
		<u> </u>
D. If amonding the projectional areas and analysis and areas are		Eu F C
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	1. 6
		**** ·
Name of New Registered Agent		
	I H	
(Florida street	address)	
New Registered Office Address:	, Florida	
(C	ity)	Zip Code)
		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accent the obligations of the nositi	on.
The boy weeept the appointment as registered agent. I am junitud with	i una accepi ine obligations of the posta	on.
	, hill	
No	ne Aplicuble istered Agent, if changing	
Signature of New Reg	istered 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_ <u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PT	Juan Carlos Aguilar	1079 NW 27 St Miami, FL 3312
Add		9	Miami, FL 3312
Remove			
2) X Change	VP	Kenia Aguilar	1079 NW 275+ Miami, FL 33127
Add			Miami, TL 3012+
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			`

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	N A
- • • • •	
	•
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itsels:
	NA
	·

The date of each amendment(s) adoption:	MA	, if other than the
date this document was signed.		, ii other than the
Effective date if applicable:	NA	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not document's effective date on the Department of So		nents, this date will not be listed as the
Adoption of Amendment(s) (CHE	CCK ONE)	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g		
"The number of votes cast for the amenda	• •	
by(votin		
(votin	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors without shareholder action an	d shareholder
The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action and sha	areholder
Dated 01 31 2017		
Signature		
(By a director, preside	ent or other officers ha	ve not been
selected, by an incorp appointed fiduciary b	porator — if in the hands of a receiver, trustee, on that fiduciary)	or other court
,	ν (Δ. Δ. Δ	
	yped or printed name of person signing)	
(1)	yped or printed name or person signing)	
	Presiden+	
	· (Title of person signing)	