P16000044949

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Gamand Design C	огр.			
DOCUMENT NUM	BER: P16000044848	•			
	of Amendment and fee are su	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Carolina Gorman, Esq.				
		Name of Contact Person	1		
	Law Offices of Carolina Gorman, P.A.				
		Firm/ Company			
	1709 NE 24 Street				
		Address			
	Wilton Manors, FL 33305				
		City/ State and Zip Code	2		
	carolinagorman@mail.com				
		sed for future annual report	notification)		
For further information	on concerning this matter, plea		. 465-4890		
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	☐\$43.75 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			
	endment Section	Amendment Section			
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	ahassee, FL 32314				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Gamand Design Corp.			
(Name	of Corporation as currently	filed with the Florida Dept. of State)	
P16000044848			
	(Document Number of	Corporation (if known)	• •
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Itorida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
	_		TI
	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviat professional corporation name must conto	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
			<u> </u>
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			
			20
		·	<u> </u>
D. If amending the registered agent ar new registered agent and/or the new		ss in Florida, enter the name of the	2D ::: 1: 06
Name of New Registered Agent	Philippe Gamand		
Name to New Regimered rigeria	2507 NE 17 Terr.		_
	(Florida stree	et address)	_
	Wilton Manors	33305	
New Registered Office Address:		, Florida	Code)
			,
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations of the position.	
	10	and y	
	Signature of New Res	istered 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)

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>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•••
Remove			

(Attach addition	adding additional Ar al sheets, if necessary).	ticles, enter cha	nge(s) here:		
(Attach adamon	ai sneeis, y necessary).	(be specific)			
					
 .			-		 -
					
		•			
				·	·
	 				
			· · ·		
		-			
If an amendme	nt provides for an exc	hange, reclassif	ication, or cance	llation of issued	shares,
provisions for	implementing the am licable, indicate N/A)	endment if not	contained in the	amendment itsel	<u>f:</u>
(ij noi appi	icable, indicale IVA)				
	 				
			• • •		
					
					
				_	
	·				

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
October Dated	15, 2020	
Signature	Access and	
selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or ot inted fiduciary by that fiduciary)	
	Philippe Gamand	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-4