P16000052495

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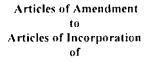
<u>COVER LETTER</u>

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GLOBAL TEXTU	JRE INC	
DOCUMENT NUM	P16000052.105		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JAMES H COLLIER		
		Name of Contact Person	1
	COLLIER'S ACCOUNTING	SERVICE, INC.	
		Firm/ Company	
	8812 SHENANDOAH LAN	E	
	····	Address	
	HUDSON, FL 34667		
		City/ State and Zip Cod	e
JCO	LL158@YAHOO.COM		
	E-mail address: (to be u	sed for future annual report	notification)
		_	
For further information	on concerning this matter, pleas	se call:	
JAMES H COLLIER		at (868-6020
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)	☐S52.50 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		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301







GLOBAL TEXTURE, INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)	ريہ
P16000052495		سيته
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new name of the cor	rporation:	
	The new I "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		
Name of New Registered Agent		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.	
Signa	ture of New Registered 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	<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	VPD	TIMOTHY WALLIS	8435 FOXHOLLOW DR
Add			PORT RICHEY, FL 34668
X Remove			
2) Change	 -		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
 				
		 		
				-
				
				
			•	
				
If an amendment provides for an exch	ange, reclassification	n, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ned in the amends	nent itself:	
(7 177				
				
<u> </u>	<u> </u>	<u> </u>		

The date of each amendment(s	AUGUST 19, 2017	, if other than the
date this document was signed.	жаорной:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	г
AUGUS Dated	ST 19, 2017	
Signature	Pedro Figueroa	
	a director, president or other officer – if directors or officers have not be	 een
	cted, by an incorporator - if in the hands of a receiver, trustee, or other of	
арр	pinted fiduciary by that fiduciary)	
	PEDRO FIGUEROA	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	

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