P1600060727

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Gellis/Fernandez I	ne	
DOCUMENT NUM	P16000060727		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kyle Gellis		
		Name of Contact Person	1
		Firm/ Company	
_	601 Heritage Dr Ste 127		
·	Jupiter, FL 33458	Address	
		City/ State and Zip Code	e
kjgel	lis@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Kyle Gellis		561 at (308-0695
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	urtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Gellis/Fernandez Inc			2016 AUG - 3 AM II:
(Name of Corporation as currently filed with the Florida Dept. of State) P16000060727			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new name of the following series of the s	ame of the corporation:		The name
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associo	nation "Corp," "Inc," or "C	Co". A professional con	
		N/A	
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. <u>If amending the registered age</u> nt ar	nd/or registered office addre	ess in Florida, enter the	name of the
new registered agent and/or the ne	w registered office address:		
Name of New Registered Agent	N/A		
	(Florida stree	et adaress)	
New Registered Office Address:		City)	, Florida (Zip Code)
	.,	- .,,	(Esp code)
New Registered Agent's Signature, if c hereby accept the appointment as regist		ith and accept the obliga	itions of the position.
<u></u>		N/A	
	Signature of New Re	aistered Agent if chang	ino

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>	Name	<u>Addres</u> s	
1) Change	V	Max Fernandez Pujals	5055 Collins Ave	
X Add			Apt S1	
Remove			Miami Beach, FL 33140	
2) Change	T	Kathleen Gellis	601 Heritage Dr	
X Add			Ste 127	
Remove			Jupiter, FL 33458	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	 			
Add				
Remove				

(Attack additional about if	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(ве ѕресілс)
//A	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable indicate NIA)	
(if not applicable, indicate N/A)	
	······································
	· · · · · · · · · · · · · · · · · · ·
(ij noi applicable, maicale IVA)	

The date of each amendment(s) as date this document was signed.	loption:		, if other than t	he
Effective date <u>if applicable</u> :			SECRETARY OF STATE JUNIOR OF CORPORATION	
() () () ()	(no more than 90 days	s after amendment file d	late) SIVISIUN OF CORPORATION	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable spartment of State's records.	statutory filing requirer	nents, this date will not the listed as t	:he
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The numb fficient for approval.	per of votes cast for the	amendment(s)	
	proved by the shareholders through veach voting group entitled to vote so			
"The number of votes cast	for the amendment(s) was/were suff	icient for approval		
by		,,,		
	(voting group)			
☐ The amendment(s) was/were add action was not required.	opted by the board of directors witho	ut shareholder action a	nd shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without sh	areholder action and sh	areholder	
Dated	3/2/18	-		٠,
Signature	7/4/2/		-7	
(By a d	d, by an incorporator – if in the hand ted fiduciary by that fiduciary)			
	Tyle J. Gell.5 (Typed or printed name of	of person signing)	MAX PUSALS	
	President		Vice President	
	(Title of pers	son signing)		