Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002666313)))



H240002568313ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)517-6380

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : 120190000077 Phone : (954)773-7286 Fax Number : (954)526-8825

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: aponzalez agacpafl-com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GSB REAL ESTATE PROPERTIES, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GSB REAL ES	TATE PROPER	ΠES, INC			
DOCUMENT NUMBER: P16000073227						
The enclosed Articles of Amendme	ent and fee are sub:	mitted for filing.				
Please return all correspondence co	ncerning this matt	er to the feilowin	g:			
ANTONIO	GONZALEZ CPA					
		Name of Contac	ct Person	· · · · · · · · · · · · · · · · · · ·		
GONZALEZ	Z& ASSOCIATES	S IU PA				
		Firm/ Com	osny.			
1820 N COF	PORATE LAKES	BLVD STE 10	7			
		Address	S			
WESTON, F	L 33326	 :		<u> </u>	<u>.</u>	
		City/ State and I	Zip Code			
agonzalez@	gacpail.com					
E-mail	iddress: (to be use	d for future annua	al report n	otification)	T.	
For further information concerning	this matter, please	call:			•	
ANTONIO GONZALEZ		2 1 (954) 773-7286 & Daytime Telephone Nuc	,	
Name of Contact Pe	rson		Area Code	& Daytime Telephone Nuc	nber	
Enclosed is a check for the following	ig amount made pa	yable to the Flori	ida Dopart	ment of State:		
	5 Filing Fee & icate of Status	□\$43.75 Filing Certified Copy (Additional cop 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810)	

Tallahassee, FL 32303

Articles of Amendment

		ncorporation of			
	GSB REAL ESTATE PI				
(Name	of Corporation as curren	thy filed with the Florida D	ept. of State)		
	P1600007	3227			
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation	n adopts the follow	/ing amendr	neat(s)
A. If amending name, enter the new n	ame of the corporation:				
Ŋ'/A				The ne	ew
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered" "professional association,"	Corp." "Inc," or "Co".	A professional corporation	ed" or the abbrevia n name must cond	ition "Corp. tain the wo	rd
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S			- !	2021	•
		A. A	······································	2024 ALIG	
C. Enter new mailing address, if appl	icable:			-9	0
(Mailing address MAY BE A POST		N/A	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_ (,]
				<u>ب</u>	
				 O	•
					-
D. If amending the registered agent at new registered agent and/or the new			name of the		
Name of New Registered Agent	N/A				
HERE WILLDER AGEDIC OR MEELIN					
	(Florida s	street address)			
New Registered Office Address:	N/A		. Florida		
New Negistered Office Address.		(City)		p Code)	-
New Registered Agent's Signature, if c					
i hereby accept the appointment as regist	tered agent. I am jamiliar	r with and accept the obligit	tons of the position	1.	
				_	
	Signature of New	Registered Agent, if changin	g		
Check if annlicable					

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, Saily 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 Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>\$V</u>	Sally Smith				
Type of Action (Check One)	Title	Name		<u>Addres</u> s		
1) Change	<u>p</u>	GSB HOL	DING GROUP, CORP	10340 CAMEILLA ST		_
Add				PARKLAND, FL 33076		_
X Remove					20	
2) Change	P	GSB MAN	NAGEMENT GROUP	10340 CAMEILLA ST	2024 AliG	ر المعادد المعادد المعادد
X Add				PARKLAND, FL 33076	1	e mete encu
Remove 3) Change				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Add				· ·	9: 10	- 1
Remove				<u></u>		
4) Change						_
						-
Remov e						
5) Change		-				-
Add						-
Remove						
6) Change						-
Add						_
Remove						

(Attach additional sheets, if necessary).	(Be specific)			
.	· · · · · · · · · · · · · · · · · · ·		***	-
				-
				
		,		-
				-
				_
				_
		- ;.	2021	
			AUG	
, , , , , , , , , , , , , , , , , , ,	-	-		- 13.
	THE SEC LAS F. F. H. M. Springer, St. Stringer, Sec.		9	_ ال
			3	; ``(
		g.	9:	(f_==
Testinal		, * .		-
. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,			
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:			
3 - 11				
	The second secon			•
				-
				_
				-
				-
				-

The date of each amendment(s) ac	option:				_ if other than the
date this document was signed.					
Effective date if applicable:					
	(no more that	190 days after omen	áment file date)		
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the app partment of State's records	ilicable statutory fili	ing requirements, (this date will i	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, o	or board of directors	without sharehold	er action and s	hareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders() fficient for approval.	The number of votes	cast for the amend	lment(s)	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders t each voting group entitled	ihrough voting group to vote separately of	os. The following s in the amendment(s,	talement):	
"The number of votes east	for the amendment(s) was/	were sufficient for a	pproval		20
by			,,,		2024 AUG
	(voting group)				
August 08 Dated	, 2024			<i>ن</i> د	-9 MM 9:
Signature					
selected	ector, president or other of , by an incorporator – if in ed fiduciary by that fiducia	the hands of a recei-	r officers have not ver, trustee, or othe	been er court	0
	JOS	SÉ A. RAMIREZ			
	(Typed or printe	ed name of person si	gning)		
	President				
	(Title of person	signing)	 		