P16000076917

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s 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

| NAME OF CORPORATION: SABHART INC | | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: P16000076917 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Amadeo HAZZOLINI Name of Contact Person Amadeo & Mazzolini FA. | | | | |
| Firm/Company 1949 S 085 AN DR 214 Address | | | | |
| Hallandole Beach # 33,009 | | | | |
| City/ State and Zip Code E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Amadeo Marrolini at 486, 2905055 | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed) | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |



November 9, 2016

AMADEO MAZZOLINI 1849 S OCEAN DR #214 HALLANDALE BEACH, FL 33003

SUBJECT: GABMART INC Ref. Number: P16000076917

We have received your document for GABMART INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 516A00024101

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

| GAISMAIG TUC | | |
|---|--|---|
| P 16 0000 469 17 (Document Number of | filed with the Florida Dept, of State) | |
| P 16 0000 469 17 | Corporation (if known) | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Florida Profit Corporation adopts the following amend | lment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| | The 1 | new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "F | ," "compuny," or "incorporated" or the abbrevial Co". A professional corporation name must contain | tion |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX) | | N 21 PH 3: 29 N 21 PH 3: 29 HASSEE TIME |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: | | |
| Name of New Registered Agent | | |
| | | |
| (Florida stre | et address) | |
| New Registered Office Address: | , Florida | _ |
| (| City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | | |
| Signature of New Ro | egistered 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.

| X Change | <u>PT</u> <u>Joh</u> | nn Doe | |
|-------------------------------|----------------------|---------------|---------------|
| X Remove | <u>V</u> <u>Mi</u> | ke Jones | |
| X Add | SV Sal | lly Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | <u> P</u> | MARIAG BOHM | 3017 SW ELAV |
| Add | | | # 7 HIAMI FL |
| × Remove | | | <u>33/33</u> |
| 2) Change | <u>P</u> | MARIA G. BOHN | 3017 SW 27 Ad |
| <u></u> ★ Add | | | #7 MANN FC |
| Remove | | | 33 133 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | - |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | additional Articles, en , if necessary). (Be s | pecific) | | | |
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| If an amendment provid | des for an exchange, i | reclassification, or c | ancellation of issued | shares, | |
| nrovisions for impleme | enting the amendmen | t if not contained in | the amendment itse | <u>II:</u> | |
| (if not applicable, i | , | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, is | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, in | | | | | |
| (if not applicable, ii | | | | | |

| The date of each amendment(s) adoption: | | 01 | 2016 | , if other than the |
|--|------------------|------------|--|--|
| date this document was signed. Effective date if applicable: | NOV | 10 | 20(6 s after amendment file c | |
| | (no more th | an 90 daj | s after amendment file e | late) |
| Note: If the date inserted in this block does r document's effective date on the Department of | | | statutory filing requirer | nents, this date will not be listed as the |
| Adoption of Amendment(s) (CF | IECK ONE) | | | |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | | The nun | iber of votes east for the | amendment(s) |
| ☐ The amendment(s) was/were approved by th must be separately provided for each voting | | | | |
| "The number of votes cast for the ame | ndment(s) was | /were sut | ficient for approval | |
| by | | | .*1 | |
| (vo | ting group) | | | |
| The amendment(s) was/were adopted by the action was not required. | board of direc | ctors with | out shareholder action a | nd shareholder |
| ☐ The amendment(s) was/were adopted by the action was not required. | incorporators | without s | hareholder action and sh | nareholder |
| Dated 11 /15/1 | | | | |
| Signature(By a director, pres | | | | |
| | orporator – if i | in the har | if directors or officers h ds of a receiver, trustee, | |
| MADIA GRAD | 2 EZA | B01 | | |
| | (Typed or pri | o l | of person signing) | |
| | A di | itle of pe | rson signing) | |

Page 4 of 4