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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GALLO TRUCK INC					
DOCUMENT NUMBER: P17000030516					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:			
	MARLON GALLO				
		Name of Contact Person	1		
-		Firm/ Company			
	6040 COPPER LEAF LN				
·	Address				
-	NAPLES, FL 34116				
		City/ State and Zip Cod	e		
GALI	.O2524@YAHOO.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MARLON GALLO		at (²³⁹	322-6010		
Name of Contact Person		at (239 322-6010 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	☐S43.75 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)		
Ame Divis P.O.	ndment Section sion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation \mathbf{of}



GALLO TRUCK INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000030516

(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6040 COPPER LEAF LN
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34116
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6040 COPPER LEAF LN
	NAPLES, FL 34116
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address with the registered of the reg	
Name of New Registered Agent 6040 COPPER LEAF LI	N
	street address)
New Registered Office Address:	Florida 34116
Hen Registered Office Mauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	



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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	YUNY GALLO	2524 44TH ST SW
Add X Remove			NAPLES, FL 34116
2) Change	P	MARLON GALLO	6040 COPPER LEAF LN
X Add			NAPLES, FL 34116
Remove			·
3) Change	***		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
1 1/1/1/1	
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*** ** *******************************	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adop	tión:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amen ient for approval.	dment(s)
	ed by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareho	older
10/03/2017 Dated	<u></u>	
(By a differ selected by	for, president or other officer – if directors or officers have no y an incorporator – if in the hands of a receiver, trustee, or oth fiduciary by that fiduciary)	
уу	INY GALLO	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	