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TALLAHASSEE FLORIDA

AUG 1 6 2017

R. Vien

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GARTEX INVES	TMENT CORP				
DOCUMENT NUMBI	D17000063053					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
I	NMACULADA P. CERRO	PONTICELLI				
_		Name of Contact Person	1			
(GARTEX INVESTMENT C	ORP				
_		Firm/ Company				
1	1633 E VINE ST, SUITE 202					
-		Address	, va = 1			
Ą	KISSIMMEE, FL 34744					
_		City/ State and Zip Code	e			
For further information	E-mail address: (to be us	sed for future annual report	notification)			
TRINA UZCATEGUI		at (832	506-1834			
Name of	Contact Person	at (832) 300-1834 Area Code & Daytime Telephone Numl				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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GARTEX INVESTMENT CORP

(Name of Corporatio	n as currently filed with the Florida Dept. of Sage Florie
P17000063052	LURIDA
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
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 ADD	
Trincipal office address <u>moor buritainabi naba</u>	
C. Enter new mailing address, if applicable:	V)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of the	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
Thereby decept the appointment as registered agent.	and juminal with accept the senganous sy the persons
Signe	ature 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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	MANO	<u>.</u>	ANA M. BRIGANTE CALICCHIO		3267 PALATKA ST
X Add					ORLANDO, FL 32824-7813
Remove					
2) Change				_	
Add					
Remove					
3)Change		_		_	
Add					
Remove					
4) Change		_	-	_	
Add					
Remove					
5) Change					
, Add				_	
Remove					
6) Change		_		_	
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
			<u></u> .		
					
			<u></u>		
			·		
					
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica ndment if not con	tion, or cancellati tained in the ame	on of issued sha indment itself:	ires,	
	 		···		
					·

The date of each amendment(s) adoption: $08/08/2017$, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(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 date Department of State's records.	ite 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 amendment(se sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	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	er e e e e e e e e e e e e e e e e e e
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/08/2 Dated	917	
Dated		
Signature	and of the	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other coun pinted fiduciary by that fiduciary)	rt
арр		
	INMACULADA PAULA CERRO PONTICELLI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	