P180000 46190

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: G & L 4427 Inc		
	1BER: P18000046190		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Hendrik J Lamprecht		
		Name of Contact Perso.	n
		Firm/ Company	
	2100 US 301		
		Address	
	Parrish, FL, 34221		
		City/ State and Zip Cod	e
	group@monolextrading.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Hendrik J Lamprech		at (3239782
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

· `	e.	1	4.7	17	7	Inc
٩ı	X.	Ι.	. 44	4 .	1	inc

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

P18000046190

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new na	ame of the corporation:		
MGL Medical Supplies Inc		The nev	
	Corp, " "Inc, " or "Co".	"company," or "incorporated" or the abbreviation "Corp A professional corporation name must contain the wor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		12250 CR 675	
		Partish	
		FL 34219	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 90	
		Ellenton	
		FL 34222	
D. If amending the registered agent ar new registered agent and/or the new			
Name of New Registered Agent	Hendrik J Lamprecht		
	2100 US 301		
	(Florida	street address)	
New Registered Office Address:	Parrish	, Florida 34221	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanoing Registered Age		
		r with and accept the obligations of the position.	
	beenny.		
<u> </u>	Signature of New	Registered Agent, if changing	

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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	·		
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)

·	
an amendment provides for an avol-	hanga malaggi@nation as a new Work as 6:
rovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	to an end the trace.
(2) mylinamine, marcine (411)	
Consultation of manager (an)	
Comprission macute (III)	
Compression marche (na)	
Compression, marcaic (mm)	
Compression march (mm)	
Compression, marcaic (mm)	
Compression, marcaic (mm)	
S Toppicant, materic (mn)	
Compression, marcare (mn)	
Consequence (an)	
Company, macute (mn)	

The date of each amendment(date this document was signed.	September 18, 2020 s) adoption: if other than t
Effective date if applicable:	September 18, 2020
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	<u>~</u>
Dated	(voting group) PTGMBER 18, 2020
Signature	Doceen
sele	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 court pointed fiduciary by that fiduciary)
	Hendrik J Lamprecht
	(Typed or printed name of person signing)
	Director
	(Title of person signing)