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R. WHITE SEP 1.2 2018 FILED

2018 SEP 10 AM II: 51

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	PRATION: GRIFO INVESTM	MENT CORP	
DOCUMENT NUM	P18000050766		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CONRADO TAVERAS JR		
		Name of Contact Person	1
		Firm/ Company	
	914 CLOYD DAIRY LOOP		
	ORLANDO, FL 32825	Address	
		City/ State and Zip Code	e
R			
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
		at ()
Namo	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:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of States	□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		Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee, Fl. 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

GRIFO INVESTMENT CORP

2018 SEP 10 AM 11: 54

(Name of Corporation as currently filed with the Florida Dept. of State) 8000059766 TALLAHASSEE, FL		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the cor	poration:	
	The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida (City) (Zip Code)	
	(chy) (the couch	
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.	
Signa	ture 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.

Example: X Change	<u>PT</u> .	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
i) Change	VP	TAVERAS, ANGEL A.	914 CLOYD DAIRY LOOP	
Add			ORLANDO, FL. 32825	
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add			<u> </u>	
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
- \ -		
	<u> </u>	
		
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<u></u>

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this da artment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(stielent for approval.	s)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	2nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	er
☐ The amendment(s) was/were adoption was not required.	ted by the incorporators without shareholder action and shareholder	
09/05/2018 Dated		
Signature		
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
(CONRADO TAVERAS JR	
-	(Typed or printed name of person signing)	
F	PRESIDENT	
-	(Title of person signing)	