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Account Number : 120170000056 Phone

: (954)842-2931

Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GLORIA GROUP, INC.

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TO: Amendment Section

## COVER LETTER

Division of Corporations GLORIA GROUP, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person GLORIA GROUP INC. Firm/ Company 900 N FEDERAL HWY STE 306 Address HALLANDALE FL 33009 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: ■ \$35 Filing Fee

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Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GLORIA GROUP INC .	
(Name of Corporation as currently filed	with the Florida Dept. of State)
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation:	
The state of the carpulation.	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation of professional corporation name must contain the
3. Enter new principal office address, if upplicable:	
Principal office address MUST BE A STREET ADDRESS )	
_ <del></del> .	
	22-1-
<del></del>	
Enter now mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in F new registered agent and/or the new registered office address:	lorida, enter the name of the
Name of New Registered Agent	
(T9; )	
(Floridu street addre	53)
New Registered Office Address:	
(City)	(Zip Code)
	(-7 50110)
ew Registered Agent's Signature, if changing Registered Agent;	
tereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
	- · · · · · · · · · · · · · · · · · · ·
Signature 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	PT	John Dog	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	P	IKROM MAVLONOV	900 N FEDERAL HWY STE 306
Add			HALLANDALE FL 33009
X Remove			
2) Change	P 	UMEDJON MAVLONOV	900 N FEDERAL HWY STE 306
X Add		_	HALLANDALE FL 33009
Remove			
3) Change	<del></del>		
Add			
Remove			
4)Change			
Add		- <del></del>	
Remove			
5) Change			
Add			
Remove			
Kanoye			
6) Change			
Add			
Remove			

(Attach additional sheets, if	necessary).	cles, enter change (Be specific)	<del></del> -			
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Su amendment provides for implementing (if not applicable, indicated)		ge, reclassification ment if not contain	ı, or cancellati nod in the ame	on of Issued sha adment itself;	<u>res.</u>	
		ge, reclassification ment if not contain	1, or cancellati	on of Issued sha adment itself:	res.	
		ge, reclassification ment if not contain	1, or cancellate	on of Issued sha adment itself:	res.	
		ge, reclassification ment if not contain	n, or cancellati	on of Issued sha adment itself:	res.	
		ge, reclassification ment if not contain	n or cancellati	on of Issued sha adment itself:	res.	
		ge, reclassification ment if not contain	a, or cancellati	on of Issued sha adment itself:	res.	
		ge, reclassification	i, or cancellati	on of Issued sha adment itself:	res.	
f an amendment provides for provides for implementing (if not applicable, indica		ge, reclassification	1, or cancellati	on of issued sha	res.	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated08/09/2018	
Signature huvel	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
UMEDJON MAVLONOV	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>