2/17/2020

Division of Corporations

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(((H20000053520 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN GNM REMODELING,INC

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February 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT

,

SUBJECT: GNM REMODELING, INC

REF: P18000076548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000005623 (G.N.M., INC.).

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III Amendment Section

FAX Aud. #: H20000053520 Letter Number: 320A00003548

Articles of Amendment to Articles of Incorporation of

1	DĪ
GNM REMODELING,INC	
(Name of Cornoration as curren	tity filed with the Florida Dent. of State)
P18000076548	MY fried water the Profitor Deak of State)
(Document Number	of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
GNM GROUP, INC.	
	The how
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc."	"company," or "incorporated" or the abbreviation "Corp."
"Inc.," or Co" or the designation "Corp." "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
MEDITOE AND REEL AND READ)	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If amonding the medicine of account and the second	
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 	lress in Florida, enter the name of the
N/4	¥.
Name of New Registered Agent N/A	
(Florida sn	reet address)
New Registered Office Address: N/A	4
HEW REPLACE Office Address:	(Clty) , Florida (Clty)
	(City) (Zip Code)
low Registered Agent's Signature, if changing Registered Agent	••
hereby accept the appointment as registered agent. I am familiar	u with and accept the obligations of the position.
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of New R	legistered Agent, if changing
heck if applicable	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	/ L == =

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:		, y c, o , 25 at , 7, 25		
X Change	PT	Iohn Doe		
X Remove	<u>v</u>	Mike Jones	<u> </u>	
_X Add	sy	Sally Smith	· · · · · · · · · · · · · · · · · · ·	20 F
Type of Action (Check One)	Title	Name	Address 2015.	FEB 19
1)Change		N/A		725
Add				
Remove			ŞĀ	<u>-</u>
2) Change				_
Add				_
Remove 3)Change				_
Add				_
Remove				-
4) Change	<u></u>			_
Add				_
Remove				_
5) Change				-
Add				_
Remove				_
6) Change				-
Add				-
Remove				-
				-

(Attach addition	ar adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)	
N/A		
		
· <u> </u>		
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· -		
		-
		-1
		2 <u>2</u> 2
		22 T Q
 If an amendm provisions for 	implementing the amendment if not contained in the amendment itself:	
(if not ap)	sicable, indicate N/A)	25 4
I/A		E STATE
"		
		 _
		
		*
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FILED

The date of each	amendment(s) adoption:			
date this documen	I was signed.	, 17	other t	han ti
Effective date if	upplicable:	•		
	(no more than 90 days after amendment file date)			
Note: If the date document's effect	inserted in this block does not meet the applicable statutory filing requirements, this date ive date on the Department of State's records.	will not b	e liste	i as ti
Adoption of Ame	ndment(s) (CHECK ONE)			
The amendment action was not	t(s) was/were adopted by the incorporators, or board of directors without shareholder action required.	and share	hoider	
The amendment by the shareho	t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lders was/were sufficient for approval.	 ,		
☐ The amendmen must be separe	t(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):	SECTOR ALL SE	20 FEB	
"The nun	ber of votes cast for the amendment(s) was/were sufficient for approval		3 9	
by			➣	T
	(voting group)	.1.	АН 9:	
	02/10/2020 Dated	VOLEO	-	
	Signature* Nilson Maryon			
	(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)			
	NICOLAS ENZO MARZIONI			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			