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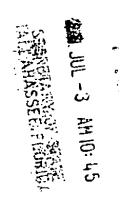
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W. L. Jan.

COVER LETTER

		COVER LETTER	* 4	
TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	RATION: GULF GATE ALU	JMINUM, INC		
DOCUMENT NUME	BER: P18000089351			
	of Amendment and fee are su			
Please return all corres	spondence concerning this ma	tter to the following:		Ta ta
	Larissa Fabbri			
		Name of Contact Perso:	:	_
	Proper Financials Inc			
		Firm/ Company		_
	7635 Ashley Park Ct Suite 50)3-Е		
		Address	<u> </u>	_
	Orlando, FL 32835			
		City/ State and Zip Code	e	_
larissa	afabbri@properfinancials.com	1		
	= : :	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Larissa Fabbri		321 at (299-8058	
Name o	of Contact Person		de & Daytime Telephone Numb	er
Enclosed is a check fo	r 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)	El\$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 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

GULF GATE ALUMINUM, INC.

COM OTTE MOTOR COM		72.0
(Name of Corporati	on as currently filed with the Florida Dept. of State)	90.
P18000089351		47.48
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florid ts Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follo	wing amendme
A. If amending name, enter the new name of the co	orporation:	
		_ The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	ed "corporation," "company," or "incorporated" or th o," "Inc," or "Co". A professional corporation name m abbreviation "P.A."	e abbreviation ust contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
· —		
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	The Calla
	(City)	Zip Coder
New Registered Agent's Signature, if changing Re		
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the positi	on.
	nature 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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 Cl Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change PT John Doe X Remove Y Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change 6127 Aviary Ct X Add Bradenton, Ft. 34203-8035 2) Change Add Add Add Add Remove Add Add	
X Add SV Sally Smith Type of Action (Check One) Title Name Address 1) Change D Laura Beane 6127 Aviary Ct x Add Bradenton, FL 34203-8035 Remove	
Type of Action (Check One) Title (Check One) Name (Check One) Address 1) Change	
Change	
X	
Remove	
Add	
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	

	wets, if necessary).	(Be specific)			
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				-	
fan amendment s	rovides for an excha	nge, reclassification,	or cancellation of i	ssued shares,	
<u>r an amenument p</u>	dementing the amend	<u>dment if not contain</u>	ed in the amendmen	<u>t itself:</u>	
provisions for imp					
provisions for imp (if not applical	ote, maicate sys)				
provisions for imp	ne, macate (VA)				
provisions for imp	me, macare was				
provisions for imp	me, macare (VA)				
provisions for imp					
provisions for imp	me, macare (VA)				
provisions for imp	me, marcare (VA)				
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provisions for imp	me, macare MA)				
provisions for imp	me, macare (VA)				
provisions for imp	me, macare (VA)				

The date of each amendment(s) adoption:	if other th
date this document was signed.	
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 document's effective date on the Department of State's records.	ate will not be listed
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendments by the shareholders was/were sufficient for approval.	(8)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	leni
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
Romulo P Gomes	
(Typed or printed name of person signing)	
President	
(Title of person signing)	