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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GCBL.INC				
	BER: P18000093921				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	LAWRENCE E.SMITH				
		Name of Contact Person	n		
	GCBL.INC				
	<del></del>	Firm/ Company			
	5729 NW 46 DR	· · · · · · · · · · · · · · · · · · ·			
	Address				
	CORAL SPRINGS,FL.33067				
		City/ State and Zip Code	e		
Ismii	9441@bellsouth.net		:/		
		sed for future annual report	notification)		
	is man address. (to be the	sea tor titule annual report	norm canony		
For further information	n concerning this matter, pleas	se call:			
LAWRENCE E. SMITH		L70	536-9441		
Name of Contact Person		at ( Area Co	_) 536-9441 de & Daytime Telephone Number		
Name	or Contact refson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GCBL,INC.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P18000093921	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	2015
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2019 AUG
	esperante de la companya del la companya de la comp
	drimeri N 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maining Maintess Mainten De A FOST OFFICE DO.)	Fr. 2
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
	<u></u>
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
N. D. J.	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
Tunifumia	That was accept the orangemons by 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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	BRAIN RAMBARRAT	2901 NW 123RD TERRACE
Add X Remove			SUNRISE.FL.33323
2) X Change	S/T	LAWRENCE E.SMITH	5729 NW 46 DR
Add			CORAL SPRINGS.FL.33067-4005
3) Change			
Add			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	
		···-
		<del></del>
		- <del></del>
	-	
··· -		
<del></del>		
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
<del></del>	<del></del>	

The date of each amendmen		, if other than the
date this document was signed	JULY 15,2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	rment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG Dated	UST 7.2019	
Signature _	Lednud	
(I s	By a director, president or other officer — if directors or officers have not be elected, by an incorporator — if in the hands of a receiver, trustee, or other c ppointed fiduciary by that fiduciary)	
	LAWRENCE E. SMITH	
	(Typed or printed name of person signing)	
	SECRETARY/TREASURER	
	(Title of person signing)	<del></del>