## P180000094066

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2021 SEP 20 AM 10: 02

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: GALORE VACAT	TIONS INTERNATIONA	L INC	
DOCUMENT NUM	4BER: P18000094066			
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Oye Fasakin			
	Name of Contact Person			
	Firm/ Company			
	Address			
	3160 36th street N. apt 111 Saint Petersburg, Florida 33713			
	City/ State and Zip Code			
	galorevac@gmail.com			
	E-mail address: (to be us	ed for future annual repor	t notification)	
For further information	on concerning this matter, pleas	se call:		
OYE FASAKIN		at ( <u></u>		
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made p	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

FILED 2021 SEP 20 AM 10: 0

GALORE VACATIONS INTERNATIONAL INC

(Name of Corporation as			
19000004077	currently filed with the Flo	rida Dept. of State)	
18000094066		135E F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Document N	Number of Corporation (if kno	own)	
ursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	utes, this Florida Profit Corp.	pration adopts the following ame	ndment
If amending name, enter the new name of the corpora	ation:		
me must be distinguishable and contain the word "corpord nc.," or Co.," or the designation "Corp," "Inc," or " hartered," "professional association," or the abbreviatio	"Co". A professional corne	porated" or the abbreviation "Co	new erp.," word
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	<u> </u>		
	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered off	fice address in Florida, ente	r the name of the	
new registered agent and/or the new registered office	address:	- the mane of the	
Name of New Registered Agent			
	lorida street address)		
t			
New Registered Office Address:	(City)	, Florida	

## Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

If amending or adding additional Ar Attach additional sheets, if necessary)	(Be specific)		
<del></del>			
	<u> </u>	<u> </u>	
		<del></del>	
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		<u> </u>	<del>_</del>
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			_
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			<u>.</u>
<del>-</del>	<u> </u>	<del></del>	
_			
f an amendment provides for an exc	ange, reclassification, or cancell	ation of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	ndment if not contained in the ai	mendment itself:	
		<u> </u>	
		<del>-</del> ·	<del></del>
			<u> </u>
	<del></del>		

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.  If Effective date if applicable:	/01/2021	
Enective date <u>ii applicație:</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/16/202 Dated	Juput	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	OYE FASAKIN	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	<del>-</del>