# P18000097046

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# **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	non: GVMIN	i Incopora	ted	
	: P1800009'			
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.		
Please return all correspond	ndence concerning this ma	tter to the following:		
	ANGE	Name of Contact Person	15	
	Gymin	Inc.		
		I IIII Company		
Address  MIGMI GARGENS, FL 33054  City/ State and Zip Code				
Address				
	MIGMI Ga	RGENS, FL.	<i>33054</i>	
		City/ State and Zip Code	2	
<u></u>	FR + h O S S e S (E E-mail address: (to be us	AMOUL COM sed for future annual report	notification)	
For further information co	oncerning this matter, pleas	se call:		
ANGELA C	ROOMS Contact Person	at ( 305	, 988-8117	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mailing</u>	g Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment

## Articles of Incorporation

Addicies of Incorporation
of

GYMINI TACOFORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000011046

ent(s) to

(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendme
A. If amending name, enter the new name of the corporation:		
GVMINI INC.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation	l" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		•_>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	5. (1)
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>	the
Name of New Registered Agent ANGE/A	M. <u>Crooms</u> 154 Street	
(Florida st	reet address)	
New Registered Office Address: MIAMI GAK	RACINS, Flor	ida <u>33054</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am fumiliar		ne position,
		ne 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	<u>.</u>
X Add	<u>SV</u>	Sally Smith	5 5
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address S
1) X Change	PST	Angela M. CROOMS	2100 NW 154 Street Miami Gardens, FL 33054
Add		v	MIGMI GARdens, FL 3305
Remove			
2) X Change	<u>\( \lambda \) \</u>	Rakisha S. CROMER	2100 NW 154 Street
Add			Miami Gardens Fl. 3305
Remove 3 ) Change		Takisha S. CROMER	2100 NW 154 Strect
Add			Miami Gardens, Pl 33054
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
'/A	
	- J
	<u>.</u>
	ر. دی
an amendment provides for an exchange, reclassification, or cancellation of	issued shares,
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)  /A	<u>nt itseir:</u>
<u>/A</u>	
· ·	
	<del> </del>
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not 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	ಚ
by	- ,
(voting group)	<b>نــــ</b> ــــــــــــــــــــــــــــــــ
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	5 :
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	स . डि
Signature  (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)	
ANGE/A M. CROOMS (Typed or printed name of person signing)	
PROSICLONF	
(Title of person signing)	