# P19 000000 9309

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Amend CC

MAY 1 6 2019 LALBRITTON

### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GLOBAL ENTERPRISES HOLDING GROUP, INC. DOCUMENT NUMBER: P190000009309 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GAYANA OUZO Name of Contact Person Firm/ Company 20944 SHERMAN WAY STE #115 Address CANOGA PARK, CA 91303 City/ State and Zip Code COMPCAREMANAGEMENT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (818 262-7355

Area Code & Daytime Telephone Number GAYANA OUZO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

### **Mailing Address**

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

### Street Address

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

## **Articles of Amendment** to Articles of Incorporation of

	Articles of A		_		
	Articles of In	icorporation U	1		
OLONAL PARRIMANANA COLONA	0	f			
GLOBAL ENTERPRISES HOLDING C	· · · · · · · · · · · · · · · · · · ·		<u>\</u>		
	of Corporation as current	tly filed with the Florida Dept. of State)	Psy 1		
P19000009309					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following ame	ndmen		
A. If amending name, enter the new na	ame of the corporation:				
		The	пеш		
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbrevi "Co". A professional corporation name must contai "P.A."			
B. Enter new principal office address,	if applicable:	20944 Sherman Way STE 217			
(Principal office address MUST BE A STREET ADDRESS)		Canoga Park, CA 91303			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20944 Sherman Way STE 217			
		Canoga Park, CA 91303			
D. If amending the registered agent ar					
new registered agent and/or the new		<u>ss:</u>			
Name of New Registered Agent WILLIAM IACOVON					
	476 BALSAM CT				
	(Florida si	treet address)			
New Registered Office Address:	MARCO ISLAND	34145 , Florida			
		(City) (Zip Code)			

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> <u>John</u>	Doe				
X Remove	<u>V</u> <u>Mike</u>	Mike Jones				
X Add	SV Sally	/ Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) Change	P	WILLIAM IACOVONE	476 BALSAM CT			
X Add			MARCO ISLAND			
Remove			FL, 34145			
2) Change	MANA(	HOWARD FRANK	476 BALSAM CT			
X Add			MARCO ISLAND			
Remove			FL, 34145			
3 ) Change						
Add						
Remove						
4) Change	<del></del>					
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add		-				
Remove						

If amendia	<mark>ng or adding add</mark> i litional sheets, if n	itional Articles, en	nter change(s) (pecific)	<u>here</u> :			
(Attach aac	nuonai sneeis, ij n	iecessary). (Be s	гресіліс)				
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If an amer	ndment provides	<u>for an exchange, </u>	reclassification	<u>, or cancellati</u>	on of issued sha	ares,	
	<u>is tor implementii</u> et applicable, indic	ng the amendmen	t if not contain	ied in the ame	ndment itself:		
(1) /10/	ч аррисате, так	inc inny					
			·			<u> </u>	
			<u></u>		<del></del>		
	<del></del> -						_

The date of each amendment() date this document was signed.	s) adoption:	, if other than the
•	02/01/2019	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	:nt(s)
	approved by the shareholders through voting groups. The following start for each voting group entitled to vote separately on the amendment(s):	ement
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	<del>.</del>
02/01/2 Dated	2019	
Signature <u>/</u>	1 Conora	<del></del>
	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other of the control o	
	ocited fiduciary by that fiduciary)	nuo:
	WILLIAM IACOVONE	
	(Typed or printed name of person signing)	
	(1 yped of printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	