P190000 43845

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	GNL	Construct	tion Corp
DOCUMENT NUMBER:			
The enclosed Articles of Amendm	nent and fee are sub	omitted for filing.	
Please return all correspondence of	oncerning this mat	ter to the following:	
	George	Trev. 11, a	بر
		Firm/ Company	······································
 	4422	N. HACE A Address	VE APT, C
	TAMPA	F/ 336, City/ State and Zip Code	<u> </u>
E-mail For further information concerning	·	ed for future annual report	notification)
Name of Contact P		at () de & Daytime Telephone Number
Enclosed is a check for the follow			
	75 Filing Fee & ificate 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 Secondinistion of Corp. P.O. Box 6327 Tallahassee, FL	ction porations	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation
	of
(-11/	Contact to
<u> </u>	Construction

ation	
ر	20 PH 2: 25
	e Florida Dept. of State)
oration ((if known)
a Profit	Corporation adopts the following amendment(s) to

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000043845	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	1/1
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 name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	$ \lambda/A$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	NA
(Florida st	reet address) '
New Registered Office Address:	(City) , Florida (Zip Code)
	(2.19)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
	Note that the state of the stat
Cianatana of Man	Parinthuad Asset if shanging

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	Name Address JR	
1) Change Add Remove		George P. Trevillian 44.22 N. HALE A. ATT. C. TAMPA, 33614	tv. F
2) Change Add			
Remove 3) Change Add		·	
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add			

, y,	ticles, enter change(s) here: (Be specific)
	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable indicate MIA)	
(if not applicable, indicate N/A)	
(у посаррисине, такале IV/А)	
(y not applicable, maicale IVA)	
(у посирысионе, таксане 14/А)	10
(y not applicable, maicale N/A)	
(y not applicable, maicale N/A)	4
(y not applicable, maicale N/A)	1
(y not applicable, thatcate N/A)	1
(y not applicable, thatcate N/A)	1

The date of each amendment(s) adoption:	, if other than the
tale and 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 date will redocument's effective date on the Department of State's records.	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	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6-17-2019	
Signature Leone Freulla	_
(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)	
(Typed or printed name of person signing)	
	1
President Durer Registered +	Kent
(Title of person signing)	