19000049605

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Copies	Certificates of Status
Instructions	s to Filing Officer:

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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company:

Requester: GFB Global CORP

Amendment Section
Division of Corporations

E OF CORPO	RATION: GFB GLOBAL CO	RP .	·
TUMBENT NUMI	BER: P19000049805		
mclosed <i>Articles</i>	of Amendment and fee are sul	omitted for filing.	
e return all corre	spondence concerning this mat	tter to the following:	
	CARLA MARCELO		
		Name of Contact Person	•
	CORP SVCS INTL		
	3	Firm/ Company	
* *	7050 W PALMETTO PARK	ROAD. #15-300.	
		Address	
	BOCA RATON, FL 33433		
	OPERACIONES@ACHIEV	City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
.•			
urther information	on concerning this matter, plea	se cali:	
LA MARCELO	•	305	503-5983
Name	of Contact Person	Area Co	le & Daytime Telephone Number
osed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The Co 2415 I	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303.

Articles of Amendment to Articles of Incorporation of

GFB GLOBAL CORP		Dent Dent	of State)		
(Name	of Corporation as currently	filed with the Florida Dept			
P19000049805			<u> </u>		 _
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the followi	ng amendm	ent(s) to
A. If amending name, enter the new n				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	(OFD), 1700, 00 SO - 0	py		ion "Corp" un the word	1
B. Enter new principal office address,	if applicable:	5550 GLADES ROAD. #39			
(Principal office address MUST BE A S	TREET ADDRESS)	BOCA RATON, FL 33431		<u> </u>	
	Contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc.," or "Co". A professional corporation name must contain the word iation," or the abbreviation "P.A."				
C. Enter new mailing address, if appl	licable:	7050 W PALMETTO PAR	K ROAD. #300		MY D
(Mailing address <u>MAY BE A PUSE</u>	OFFICE PON	BOCA RATON, FL 33433		<u> </u>	ω r
				*1, ₇₋₁	≥ 17
D. If amending the registered agent an new registered agent and/or the ne	w registered office address:	ess in Florida, enter the nam	ne of the	70000 70000 70000	
Name of New Registered Agent		V DO 10 415 300		_	
	7050 W PALMETTO PAR			_	
	(Florida stre		11411		
New Registered Office Address:	BOCA RATON	Cttv)	Florida 33433	(Code)	
	ľ	Cmy	(144)	.,,	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligations	s of the position.		
	Signature of New Re	gistered Agent, if changing		-	
	engricature by them the	Pomer on referrer A secondary			
Check if applicable ☐ The amendment(s) is/are being filed p	oursuant to s 607.0120 (11) (e), F.S.			

ve Officer; CFC nt, Treasurer, L is should be not	e President; []) = Chief Find Director would ed in the follo leaves the corp	f= Treasurer; { incial Officer, { I be PTD, wing manner, { poration, Sally ;	S= Secreta f an office Currently . Smith is no	ary; D= Dii r/director h John Doe i:	olds mor s listed a	e than e s the P.	one title, list ST and Mike	hairman or Cle the first letter of Jones is listed o	(each of as the V	fice held. There is
inge	<u>PT</u> <u>1</u>	ohn Doe								
nove	Y 1	Mike Jones				• .				
d	<u>sv</u>	Sally Smith		•				•		
f Action One)	<u>Title</u>	Name					<u>Addres</u> s			•
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iding the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

s of each Officer and/or Director being added:

additional sheets, if necessary)

mending or adding additional Ar ich additional sheets, if necessary).	(Be specific)	
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		JAH 23
n amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	ω
(if not applicable, indicate N/A)	tendinent it not contained in the amendment reserv.	
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	' (no more th	an 90 days after	amenament fi	le date)				
e date inserted in this be effective date on the De	lock does not meet the a partment of State's recor	pplicable statuto ds.	ry filing requ	irements, th	is d ate v	ton fliw	be list	ted as
f Amendment(s)	(CHECK ONE)							
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ndment(s) was/were add hareholders was/were si	opted by the shareholders	The number of	votes cast for	the amendr	nent(s)			
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	proved by the shareholder each waing group entitle				atement	· .		
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Dated			,,,,,			CONCLARY OF STA	OJAN 23 AMII:	THE D
JANUAR) Dated	20, 2020	officer — if direc	tors or officer	s have not h	een Ah	CONCLARY OF STATE		
JANUAR) Dated Signature (By						CONCLARY OF STATE	AH II:	
JANUARY Dated Signature (By selecte	20, 2020	in the hands of a				CORTINATION STATE	AH II:	
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JANUARY Dated Signature (By selecte	20, 2020 Actor, president or other dy by an incorporator – if ted fiduciary by that fiduciary by that fiduciary by that fiduciary by the fidu	in the hands of a ciary)	receiver, trust			CORE LAWY OF STATE	AH II:	
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