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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Geibel Houses P. A.
NAME OF CORPORATION: <u>Geibel Hovres</u> P. A. DOCUMENT NUMBER: <u>P2000009808</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Malaqui Geibel Name of Contact Person Geibel Homes PA Firm/ Company 1693 SW 158th Terrace Address Pembroke Pines F1 33027 City/ State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call: Malagui Geibel at (305) 336-2118 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303



2020 AT 17 TH 4: 56

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2020

MALAQUI GEIBEL 1693 SW 158TH TERRACE PEMBROKE PINES, FL 33027

Ref. Number: P2000009808

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

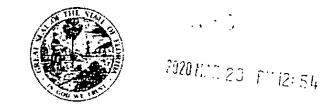
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00006352

Claretha Golden Regulatory Specialist II

www.sunbiz.org



Letter Number: 320A00005249

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2020

MALAQUI GEIBEL 1693 SW 158 TERR PEMBROKE PINES, FL 33027

SUBJECT: GEIBELHOMES, PA Ref. Number: P20000009808

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

GeibelHomes, PA			23:31 - 17 44 8:11
(Name of Co	orporation as currentl	y filed with the Florida Dept.	of State)
P2 <i>000</i> 000 9808	y S		
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this	Florida Profit Corporation add	pts the following amendment(
A. If amending name, enter the new name	of the corporation:		
Malagui B Gei	bel, P.A.		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or t	word "corporation," "6 ." "Inc," or "Co". z	1 professional corporation nat	
B. Enter new principal office address, if ag (Principal office address <u>MUST BE A STRE</u>		Not Applical	rle
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		Not Applicabl	هـ
D. If amending the registered agent and/or new registered agent and/or the new reg			e of the
Name of New Registered Agent			
	(Florida str	cet address)	
New Registered Office Address:			Florida(Zip Code)
		(City)	(Zip Code)
•			
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			of the position.
NIA			
	Signature of New R	egistered Agent, if changing	
Chack if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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.

X Change	PT	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	NIA	Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending (Attach addi	g or adding additional Arti itional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	Applicable	
· ·	- ()	
		
	··	
	<u> </u>	
lf an ameno	dment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions		endment if not contained in the amendment itself:
• •	Applicable	
1001	Applicable	·

. . .

The date of each amendment(s) adoption: date this document was signed.	, if other than the
ANGE AND ANGE OF THE LEE	
Effective date if applicable: (no more	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's r	he applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	<u>{E</u>)
The amendment(s) was/were adopted by the incorporaction was not required.	ttors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er	
"The number of votes east for the amendment(s	was/were sufficient for approval
by(voting group	<u></u> .
(voting group))
Dated 4/13/2020 Signature Nalinfers	·
(By a director, prysident or o	ther officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court
appointed fiduciary by that (
Malag	printed name of person signing)
Rilsi	derli CEO
(Title of p	person signing)

•, • • • •