## P20000045091

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11/10/20

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Gillespie and Asso	ociates				
DOCUMENT NUMBI						
	f Amendment and fee are su	bmitted for tiling.				
Please return all corresp	ondence concerning this ma	tter to the following:				
		Gordon Gillepsie				
<del>-</del>		Name of Contact Person				
	Gillespie and Associates					
_	Firm/ Company					
	1665 Dunlawton Ave. Ste 106					
_		Address				
_	Port C	Orange, FL. 32127				
		City/ State and Zip Code				
	હાંાિ	ordon99@gmail.com				
_	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
Gorc	lon Gillespie	386	763-7416			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

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Gillesp	oie and Associates Trc.	7000 00m o
(Name of Corporation a	s currently filed with the	Florida Dept. of State) PM 4: 06
P2	0000045091	SECRETARY OF STATE known) TALLAHASSEE, FL
(Document	Number of Corporation (if	known) TALLAHASSEE, FL
tursuant to the provisions of section 607,1006. Florida Sta is Articles of Incorporation:	itutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment
If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	· "Co". A professional c	corporated" or the abbreviation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered	office address in Florida, o	N/A
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent	N/A	
	(Florida street address)	
	N/A	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an		he obligations of the position.
	e of New Registered Agent,	if changing
••	•	-

Check 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)

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	<u>PT</u>	John Do	o <u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		Jacqueline A Gillespie	1017 Belletlower Dr.
Add				POrt Orange, FL. 32127
X Remove				<del> </del>
2) Change		<del></del>		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<del></del>
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necesso	N/A			
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an amendment provides for an	exchange, reclassificatio	n, or cancellation of is	sued shares,	
rovisions for implementing the (if not applicable, indicate N/-	amendment if not contain	ined in the amendment	t itself:	
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· * •	09/30/2020	
The date of each amendment(s) a date this document was signed.	idoption:	, it other than the
Effective date if applicable:	09/30/2020	
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requestrate of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for ufficient for approval.	the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. <i>The f</i> each voting group entitled to vote separately on the amo	following statement endment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
Dated	9/30/2020	
Signature	Le de de la companya della companya	<del></del> _
selecte	irector, president or other officer – if directors or officers d, by an incorporator – if in the hands of a receiver, trust ted fiduciary by that fiduciary)	s have not been ee, or other court
	Gordon L Gillespie	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	