

P210000021076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

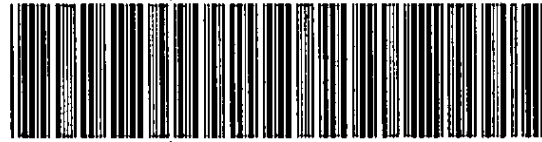
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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C. BRUMBLEY

MAR - 9 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GuLyas-Factory Corp.

DOCUMENT NUMBER: P 210000 21076

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juergen Hartwich
Name of Contact Person
Best Florida Consulting LLC
Firm/ Company
1110 SW 28th Street
Address
Cape Coral, FL 33914
City/ State and Zip Code
jhartwich@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Juergen Hartwich at (239) 573-9601
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:

- ☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Gulyas-Factory Corp.

21000021076

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

339-14
(Zip Code)
ADJ. CLERK
FLORIDA
POSITION
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(Attach additional sheets, if necessary)

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.

Example:

<u>X Add</u>	<u>SV</u>	<u>Sally Smith</u>
--------------	-----------	--------------------

Address

- | | | | |
|---|-------|------------------------------|------------------------|
| 1) <input checked="" type="checkbox"/> Change | P/T | Madden Koenig-Halbritter | 3816 Chiquita Blvd. S. |
| <input type="checkbox"/> Add | | | Unit 1+2 |
| <input type="checkbox"/> Remove | | | Cape Coral FL 33914 |
| 2) <input checked="" type="checkbox"/> Change | VPI/S | Bernadette Koenig-Halbritter | 3816 Chiquita Blvd. S. |
| <input type="checkbox"/> Add | | | Unit 1+2 |
| <input type="checkbox"/> Remove | | | Cape Coral, FL 33914 |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: _____, if other than the date this 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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)"

Dated 02/16/2022

Signature

(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)

Bernadette Koenig-Halbritter

(Typed or printed name of person signing)

Vice President

(Title of person signing)