## P210000021076

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## **COVER LETTER**

TO: Amendment Section -

Division of Corporations Gulyas-Factory Corp. NAME OF CORPORATION: \_ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Best Florida Consulting Cape Coral FL 3 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to

Articles of Incorporation

		VI.			
Gul	(0.5-	Factor	ru Co	rb.	
(Name of Corp		manametri Glas	l useh eho Elo	nido Dont	of Stata)
(Maine of Corp	OFBIION AS C	urrentiv inec	with the Fig	riga Dept.	or State)

21000021076
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3816 Chiquita Blvd. S. Unit 1+2
C. Enter new mailing address, if applicable:	Cape Coral FL 33914
(Mailing address MAY BE A POST OFFICE BOX)	3816 Chiquita Blvd. S. Unit1+2 Cape Coral, FL 33914
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	idress in Florida, enter the name of the
Name of New Registered Agent Bernade He J 3816 Chiques	uita BLVOLS, street address)
New Registered Office Address: Capse Con	(City) . Florida 339.148 (Zip Code) 77
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position,
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	Registered Agent, if changing

address of each Officer (Attach additional sheet: Please note the officer/d P = President: V = Vice Executive Officer: CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	and/or D s, if necess irector title President = Chief Fi irector wou d in the foil aves the co	irector being added: ary) e by the first letter of the ; T= Treasurer; S= Secr nancial Officer. If an off uld be PTD. llowing manner. Current prporation, Sally Smith is	office title; etary; D= Director; TR= Tr icer/director holds more than tly John Doe is listed as the F	ustee; C = Chairman or Clerk; one title, list the first letter of ea PST and Mike Jones is listed as thould be noted as John Doe, PT	CEO = Chief ach office held. the V. There is
Example: X Change	<u>PT</u>	John Doe			
$\underline{X}$ Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	I
1) X Change	PIT	Madlen	Kvenig Halbrith	er 3816 Chiquita	Blvd.S.
Add			~	Unit 1+2	
Remove  2) Change	VPIS	Bernadette l	loonig-Halbritter	Cape Coral Fl. 3816 Chiquita	<u>33</u> 914 <u>Blv</u> d.S.
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If amending or adding additional Articles, enter change Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassifica	tion, or cancellation of issued shares,	
provisions for implementing the amendment if not con	tained in the amendment itself:	
(if not applicable, indicate N/A)	· ·	
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The date of each amendment(s) adoption:, if othe date this document was signed.	r than the
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 lis document's effective date on the Department of State's records.	ited as the
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.	er
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	
Office the state of the state o	_
Signature (By a director, president of other officer of 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-Halh mitter (Typed or printed name of person signing)	_
Vice President! (Title of person signing)	_