P21000035715

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GN SERVICES G	LOBAL CORP	
	BER: P21000035715		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	MILUSKA BERROCAL		
		Name of Contact Person	n
	2GB ACCOUNTING INC		
		Firm/ Company	
	15463 SW 86 TERRACE		
		Address	
	MIAMI FL 33193		
		City/ State and Zip Cod	e
	2GB.MBERROCAL@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, plea		519-6768
_	of Contact Person	at (305) de & Daytime Telephone Number
	or the following amount made		
■ \$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)
Am	iling Address endment Section ision of Corporations	Amend	Address Iment Section on of Corporations
	. Box 6327		entre of Tallahassee
Tall	ahassee, FL 32314		N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

GN	SERVICES	CI	ORA	$C \cap RP$

(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000035715	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "co	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	202
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u>.</u>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
	
(Florida stree	et address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
or the state of th	in the tector in volganism by the position.
Signature of New Res	zistered Agent, if changing
C) 1 (c) (c) (d)	

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)

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	<u>PT</u>	John De	<u>ne</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P		NAVARRETE ALVIAREZ, DEYGER	5348 W 14TH AVE
Add				HIALEAH, FL33012
X Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				<u> </u>
5) Change		-		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional</i>	dding additional Ar sheets, if necessary).	(Be specific)			
					
					
					
_	<u> </u>				
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	_ <u>_</u>				
					
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	-	_			
		_			
f an amendment	provides for an exc	hange, reclassific	cation, or cancell	ation of issued sha	res,
provisions for in	nplementing the am	endment if not co	ontained in the a	mendment itself:	
(у погаррис	able, indicate N/A)				
					
					
			· -		
					
					

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date this document was signed.	adoption:, if other than a
	3/17/2021
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
	(voting group)
08/17/20 Dated	(voting group)
08/17/20 Dated Signature(By a select	(voting group)
08/17/20 Dated Signature(By a select	(voting group) 21 director, president or other officer – if directors or officers have not been need, by an incorporator – if in the hands of a receiver, trustee, or other court
08/17/20 Dated Signature(By a select	(voting group) 21 director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
08/17/20 Dated Signature(By a select	(voting group) 21 director, president or other officer – if directors or officers have not been ried, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) NAVARRETE HUNTER, GERALD W

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