P21000038597

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SEURETARY OF STATE
TALLAHASSEE, FI OPIDA

OCT 1 1 2021 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GA&CLO, CORP		<u>, , , , , , , , , , , , , , , , , , , </u>	
DOCUMENT NUMB				
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corresp	pondence concerning this ma	atter to the following:		
t	GABRIELA V. ALBERTAR	но		
-	· -	Name of Contact Person	1	
•	GA&CLO, CORP			
-		Firm/ Company		
720 COLLINS AVE #210				
Address				
1	MIAMI BEACH, FL 33139			
-		City/ State and Zip Code	2	
į	gabrielaalbertario@gmail.com	n		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
GABRIELA ALBERTARIO		at (305	799-2981	
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:	
■ \$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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee S. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of		2021 SEP 30 SECRETARY FALLAHASSEI
GA&CLO, CORP		EFO D
(Name of Corporation as current P21000038597	tly filed with the Florida Dept. of State)	FLOR
(Document Number	of Corporation (if known)	DA S
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
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.A.	A professional corporation name must con	The new ation "Corp.," tain the word
B. Enter new principal office address, if applicable:	1800 N BAYSHORE DR	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33132	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 N BAYSHORE DR MIAMI, FL. 33132	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
game of their registered agent		
(Florida s.	treet address)	
New Registered Office Address:	, Florida	
	(City) (L.	ip Codes
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position	n.
Signature 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.

Example:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				4-2-7994-4
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
<u> </u>		
_		
		
		<u> </u>
		·
If an amendment provides for an exch	ange, reclassification, or cancellation of	f issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendm	ent itself:
_		
	 	
 		
	· · · · · · · · · · · · · · · · · · ·	
-	·	

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The date of each amendment(s) ado	ption:	, if other	than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blodocument's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be liste	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action ar	nd shareholde	r
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ied by the shareholders. The number of votes cast for the amendment(s) icient for approval.		
	oved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	JAC St.))
by	(voting group)	CRE	2
	(voting group)	A A	<u> </u>
,	,	TARY IASSE	EILE
Dated 09/01	2021	P⊆ :	:'! ⊇ ⊡
Dated 07/07	1001	- E.S.	E •
Signature	A	SECRETARY OF STATE ALLAHASSEE, FLORIC	,ქ '-)
(By a dire	ctyr, president or other officer – if directors or officers have not been		<u>~</u>
selected,	by an incorporator - if in the hands of a receiver, trustee, or other court		
appointed	fiduciary by that fiduciary)		
_	Gabriela Albertatio (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	Oruner.		
-	(Title of person signing)		