P21000046332

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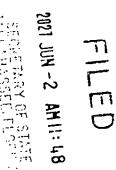
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JUL 0 8 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GICOLAUDE	RE INC		
DOCUMENT NUMBER:				
The enclosed Articles of Amendi	nent and fee are sub	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
	100	SE M VEGA		
 		Name of Contact Per	rson	
	SUAREZ	VEGA & ASSOC	IATES INC	
		Firm/ Company		
	25	SE 2 AVE 410 Address		
		MIAMI, FL. 33131 City/ State and Zip C	Code	
	\/E_C		COM	
E-ma	il address: (to be us	IAMI@HOTMAIL. ed for future annual rep	oort notification)	
For further information concerni	ng this matter, pleas	se call:		
JOSE M VEGA		at (_786) 290-3418	
Name of Contact	Person	Area	Code & Daytime Tele	phone Number
Enclosed is a check for the follow	wing amount made [payable to the Florida D	Department of State:	
• • •	3.75 Filing Fee & tificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of S	Status /
Mailing Addr Amendment S			eet Address endment Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		241	e Centre of Tatianass 15 N. Monroe Street, lahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

2027 JUN -2 AMII: 48

	DE RE INC
(Name of Corporation:	as currently filed with the Florida Dept. of State) 374-
	THE MASSER, FLORES
	P21000046332
(Document	nt Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida St Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corp.	poration:
	The new
me must be distinguishable and contain the word "corpo nc.," or Co.," or the designation "Corp," "Inc," o hartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRI</u>	PESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered new registered agent and/or the new registered off	d office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
	(rioriaa sireei aaaress)
New Registered Office Address:	(City) , Florida (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	ISIDORO GRIMBERG	2501 S OCEAN DR # 522
Add			HOLLYWOOD, FL. 33019
X Remove			
2) Change	PSD	MIRNA MERKIER	2501 S OCEAN DR #522
_X Add			HOLLYWOOD, FL. 33019
Remove 3) Remove			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Adđ			
Remove			

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	mending or adding additional Art ach additional sheets, if necessary).	(Be specific)	-			
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ovisions for implementing the amendment if not contained in the amendment itself:	n amendment provides for un exc	hange reclassifica	tion or cancell	ation of issued	shares.	
(if not applicable, indicate N/A)	ovisions for implementing the am	endment if not cor	tained in the a	mendment itsel	<u>f:</u>	
	(if not applicable, indicate N/A)				_	
	(3, 1101 up)					
						
						<u>.</u>
						
						<u>.</u>

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The date of each amendment(s) adoption	.: MAY 28 2021	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
-	(no more than 90 days after amendment file a ype text here	late)
Note: If the date inserted in this block do document's effective date on the Departme	ses not meet the applicable statutory filing requirer int of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the t for approval.	e amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The folloting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
	president of other officer – if directors or officers h	
	n incorporator – if in the hands of a receiver, trustee. sciary by that fiduciary)	, or other court
	JOSE M VEGA	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	