P210000 46425

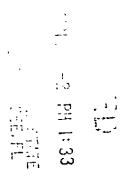
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: GARAM ENTERI	RISES INC	
	1BER: P21000046425		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MARTA GARAM		
		Name of Contact Persor	1
	GARAM ENTERPRISES IN	C	
		Firm/ Company	
	31039 OAKMONT AVENU	E	
		Address	
	MT PLYMOUTH, FL 32776		
	•	City/ State and Zip Code	e
For further informati	E-mail address: (to be us on concerning this matter, plea	sed for future annual report se call:	notification)
MARTA GARAM		at (J
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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

Articles of Amendment to Articles of Incorporation of

GARAM ENTERPRISES INC

······································				
(Name of Corporation as currently	filed with the Florida Dept	. of State	;)	
P21000046425				
(Document Number of	Corporation (if known)			
,	•			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> ad	opts the f	following ame	ndment(s) t
A. If amending name, enter the new name of the corporation:				
			The	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."			breviation "Ca	rp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			- '	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the nan	ne of the	•	
new registered agent and/or the new registered office address:			. 1	
Manuel of Many Banistana I Asymt			د. ن	
Name of New Registered Agent				6
			··	
(Florida stre	A address)			્
New Registered Office Address:		. Florida_	7 711	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligation:	of the po	osition.	
	7			
Signature of New Re	gistered Agent, if changing			
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c	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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	MICHAEL GARAM	31039 OAKMONT AVENUE
$\frac{X}{Add}$ Add			MT PLYMOUTH, FL 32776
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. <u>If amend</u> Attach <i>ad</i>	ling or adding addition dditional sheets, if nece	nal Articles, enter of ssary). (Be specif	:hange(s) here: ic)		
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·	,				····
If an am	endment provides for	an exchange, recla	ssification, or canc	ellation of issued sh:	ires,
provisio	ons for implementing	the amendment if n	ot contained in the	amendment itself:	
(1 <i>f n</i>	not applicable, indicate	N/A)			
					,
	<u> </u>				
				-	
···········					
	•				

The date of each amendment(s) addate this document was signed.	Roption: SUME CS, LOCAL	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requiremen partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the am flicient for approval.	iendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selecte	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	other court
	MARTH GARAM (Typed or printed name of person signing)	,
	President	
	(Title of person signing)	