P21000066874

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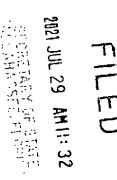
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: GABRIEL FUND	ATION, INC		
DOCUMENT NUM	1BER: P21000066874			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Josue Gabriel Martinez Mart	inez		
		Name of Contact Person	1	
		Firm/ Company		
	7507 Mellon Rd			
		Address		
	Fort Myers, FL 33967			
		City/ State and Zip Code	2	
	gabrielfundationinc@gmai	l.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Josue Gabriel Marti	nez Martinez	at (305	de & Daytime Telephone Number	
Nam	e 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;	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassec, 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

FILED

(Name o	f Corporatio	on as currently	671 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2021 JUL 29 AM 11: 32
			<u>filed with the Floric</u>	la Dept. of State)
	P 7	10000	66874	PARTIE PART OF STATE
	(Docun	nent Number of	66874 Corporation (if know	n)
Pursuant to the provisions of section 607.1 its Articles of Incorporation: A. If amending name, enter the new na			lorida Profit Corpord	ttion adopts the following amendment(s) to
A. It amending name, enter the new na	inc or the et	orporation.		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" "chartered," "professional association,"	orp, " "Inc."	" or "Co". A	onpany," or "incorpo professional corpora	Thenew orated" or the abbreviation "Corp" ntion_name_must_contain_the_word
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>				
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C) D. If amending the registered agent annew registered agent and/or the new	<u>)FFICE B()</u> d/or register	red office addr <u>e</u>	ss in Florida, enter	the name of the
		eł Martinez Mai	tinez	
Name of New Registered Agent	7507 Mellor	n Rd		
		(Florida stree	et address)	·
New Registered Office Address:	Fort Myers			, Florida 33967
The Highwest Office Harris.		((.Yty)	(Zip Code)
New Registered Agent's Signature, if chareby accept the appointment as registed	ered agent.	l am familiar wi	th and accept the obl	

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 tule 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 C 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addręs</u> s
(Check One) 1) X Change	Р	Josuc Gabriel Martinez Martinez	7507 McIlon Rd
			Fort Myers, FL 33967
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

uach additional sheet	additional Articles, s. if necessary; (B)	e specifier				
						
						
						
				.		
					•	
				et en et en en et et		
f an amendment pro	ovides for an exchan	ge, reclassificat	ion, or cancella	andment itself:	ai es.	
nravisians for imple	menting the amena	ment it not com	tamed in the an	icination in the same		
(if not applicable	', indicate (S2A)					

.

The date of each amendment(s) ado date this document was signed.	ption:	07/24	/2021	if other than the
Effective date <u>if applicable</u> :	07/	24 202 o more than 90 da	x after amendment file	date)
Note: If the date inserted in this blod document's effective date on the Department.			statutory filing requir	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECI</u>	K ONE)		
The amendment(s) was/were adopt action was not required.	ted by the inco	orporators, or board	l of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	•		nber of votes cast for th	ne amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea				
"The number of votes east fo	or the amendme	ent(s) was/were su	fficient for approval	
by				
	(voting g	group)		
Dated 07	/24/2	021 benl	_	
selected.		rator – if in the had	if directors or officers ids of a receiver, truste	
_	Josue (Typ	Salorie ed or printed name	MARTINEZ: of person signing)	MARTINEZ
_	Presio	c of person signing	<u>:</u>)	
			•	