# P21000095972

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

FL 32314

NAME OF CORPORATION: PREMIUM LC	OGISTICS SERVICE	SINC	
DOCUMENT NUMBER: P21000095972			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this mate	ter to the following:		
	GABOR KACZAR	Í	
	Name of Contact Perso	n	
PREMIU	JM LOGISTICS SER	VICES INC	
	Firm/ Company		
44	LEBEE RIDGE RD#	1573	
	Address		
	SARASOTA FL 342:	33	
	City/ State and Zip Cod	le	
GumbasWind	owCleaning@GMAI	L.COM	
E-mail address: (to be use	ed for future annual report	t notification)	
For further information concerning this matter, please	e call:		
GABOR KACZARI	(941)	725-7772	
Name of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the following amount made p	ayable to the Florida Dep	artment of State:	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75	-	-	
Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		dment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee Tallahassee.		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **Articles of Amendment**

to

### Articles of Incorporation of

#### PREMIUM LOGISTICS SERVICES INC

(Name of Corpo	oration as currently filed with the Flo	orida Dept. of State)
	P21000095972	
(D	ocument Number of Corporation (if kn	own)
Pursuant to the provisions of section 607,1006, Fl its Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corp</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new name of i	the corporation:	
Gumba's Window Cleanin	g Inc.	The new name
must be distinguishable and contain the word "co or Co.," or the designation "Corp." "Inc," or "C "professional association," or the abbreviation "	o". A professional corporation name	ated" or the abbreviation "Corp.," "Inc.,"
B. Enter new principal office address, if appli	cable:	
(Principal office address MUST BE A STREET	ADDRESS )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
		<del> </del>
D. If amending the registered agent and/or re new registered agent and/or the new regist		ter the name of the
	ered office audress.	
Name of New Registered Agent		
	(Florida street address)	
	THE THE STOCK THE COST	
<u>New Registered Office Address:</u>	(City)	, Florida (Zip Coder
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered age	nt. I am familiar with and accept the	obligations of the position.
	4	
Check if applicable	Signature of New Registered Agent, if c	changing

 $\Box$  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 addre 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:	z, ana sa.	uy smun, sv as an Ada.	
X Change	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change		1911	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

additional sheets, if nec	essary). (Be specific)	I			
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				<del></del>	
If an amendment prov	ides for an exchange,	reclassification,	or cancellation of		
<u>issued shares, provisio</u>	ns for implementing t	he amendment if	not contained in tl	<u>he</u>	
amendment itself:	(if not applicable, ind	licate N/A)			

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated March 7, 2023
Signature / Sold Mills
(Yet a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Gabor Kaczari
(Typed or printed name of person signing)
President
(Title of person signing)