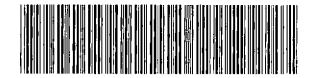
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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: G.E.L. UNDERGE	ROUND, CORP			
DOCUMENT NUM	IBER: P23000004352		- 		
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	GUSTAVO ESTRADA LUNA				
	Name of Contact Person				
G.E.L. UNDERGROUND, CORP					
	6699 HAWKSMOOR DR				
	Address				
	ORLANDO FL 32818				
	City/ State and Zip Code				
	GUSTAVOESTRADALUNA@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
GUSTAVO ESTRADA LUNA		at (²³⁹	265-3356		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Dir P.C	niling Address nendment Section vision of Corporations D. Box 6327 dahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

G.E.L. UNDERGROUND, CORP

(Name of Corporation as cui	urrently filed with the Florida Dept. of State)
P23000004352	
(Document Nun	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	ion:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," To". A professional corporation name must contain the word
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:	JUL 20 PH 4: 52
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	ddress:
Name of New Registered Agent	
(Flor	vida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
	,
Signature of 8	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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRESID	LUIS DAVID VIDES	5130 CENTENNIEL BLVD
X Add			LEHIGH ACRES FL 33971
Remove			
2) X Change	VICEPR	GUSTAVO ESTRADA LUNA	6699 HAWKSMOOR DR
Add			ORLANDO FL 32818
Remove 3.1 Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Artic onal sheets, if necessary).	(Be specific)	·		
				<u> </u>	
					
		<u> </u>			
					
		· · · · · · · · · · · · · · · · · · ·			
f an amendi	nent provides for an excha	inge reclassification.	or cancellation of is	sued shares	
provisions (or implementing the amen	dment if not contain	ed in the amendmen	t itself:	
(il not a	oplicable, indicate N/A)				
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ું ભુગ લ્					
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(y mn u					
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tų noi t					

	07/18/2023	
The date of each amendment(s)	adoption:	, if other than t
date this document was signed.		
	/18/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	the more than to day a distribution of the date.	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by GUSTAVO ESTRA	DA LUNA	
by	(voting group)	
	(toling group)	
07.00.00		
07/18/20 Dated	3	
, <u>-</u>		
Signature	- lune	
(By a	director, president or other officer – if directors or officers have not bec	en
	ed, by an incorporator - if in the hands of a receiver, trustee, or other co	
арро	nted fiduciary by that fiduciary)	
	GUSTAVO ESTRADA LUNA	
	(Typed or printed name of person signing)	····
	VICEPRESIDENT	
	(Title of person signing)	

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