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## **COVER LETTER**

TO: Amendment Section Division of Corporation	rations	~7	
VAME OF CORROR	Ga M	AVENIR C	Lorp.
NAME OF CORPOR	0 21	21017	
DOCUMENT NUMB	er: <u> </u>	016867	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
_	Michae	el Goldber	α .
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
-	KOM TIN		RVICOS Inc
_	4400 N.	FEDERAL TEDEN	tuy, Ste 405
	Page	Address .	F1. 22/12/
-	1000	City/ State and Zip Cod	1 1 2343P
	maada		
-	E-mail address: (to be us	ELECT @ 9 m	notification)
For further information	concerning this matter, pleas	se call:	
Micha	El Goldberg  Contact Person	19 at 561	, 216-9858
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	idment Section		Iment Section
	ion of Corporations Box 6327		on of Corporations entre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation of

G+M AVENIR	Corp
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
- P 2 4000 16867	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	
A. If amending name, enter the new name of the corporati	on:
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	202h
	<b>200</b>
C. Enter new mailing address, if applicable:	m
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent	·
(Flor	rida street address)
New Registered Office Address:	(City) , Florida (Zip Code,
	(City) τειρ Coac,
New Registered Agent's Signature, if changing Registered.	Agent:
I hereby accept the appointment as registered agent. I am fan	
Signature of a	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 ti 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, Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of ec 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		Laha Daa	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VF	Stephanie Franco.	7709 NW 8
X Add			U
Remove			Jamarac, Fl
2) Change	•		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Au	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
•	
If a	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	cy my approache, material 1911)

The date of each amendment(s) adop date this document was signed.	tion: 3.4.24.
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will not tment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and sha
The amendment(s) was/were adopte by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement the 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)
	(voting group)
Dated	Glova NNa Alangua
(By a direct selected, by appointed	tor, president or other officer – if directors or officers have not been y amincorporator – if in the hands of a receiver, trustee, or other court fide iary by that fiduciary)
	(Typed or printed name of person signing) President
	(Title of person signing)