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SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: GG NATURAL V	ITAMINS INC	
	MBER: P24000032421		
The enclosed Artic	eles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	GIOSVEL CARRIL		
		Name of Contact Person	1
	GG NATURAL VITAMINS	INC	
		Firm/ Company	<del></del>
	10230 NW 5TH STREET		
		Address	
	PEMBROKE PINES, FL 330	0.26	
		City/ State and Zip Code	2
	servimaxservices@gmail.con	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	ation concerning this matter, pleas	se call:	
Giosvel Carril		at ( <u>305</u>	8965758
Nai	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chee	k for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 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)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

of

GG NATURAL VITAMINS INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
24000032421	on as currently filed with the Florida Dent, of State)
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	nent Number of Corporation (if known)  SEUTE 1414 OF STATEMENT OF STATEMENT ASSISTED AND A Statutes, this Florida Profit Corporation adopts the toll Sing and a finent(s)
a. If amending name, enter the new name of the co	orporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word
<ol> <li>Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u></li> </ol>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida strect address)
	(Cariou sireve anaress)
New Registered Office Address:	, Florida
	(Enp Cone)
iew Registered Agent's Signature, if changing Regi	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Siona	ature of 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)

Example:

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 = Trusiee; 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 number. 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.

X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	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) X Change	VP	GISSEL A CARRIL	10230 NW 5TH STREET	
Add			PEMBROKE PINES, FL 33026	
Remove				
2) Change	VP	GISSEL A RIVERA	10230 NW 5TH STREET	
X Add			PEMBROKE PINES, FL 33026	
Remove 3) Remove				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
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6) Change				
Add				
Remove				

	(Be specific)		
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08/02/2024	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/05/2024	
Effective date if applicable:	
(no more than 90 days after amendmen	n file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. 7 must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by	
by(voting group)	<del>_</del>
08/02/2024 Dated	
Signature	
(By a director, president of other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
GIOGNEL CAREIL	
(Typed or printed name of person signing	;)
President	
(Title of person signing)	·· <del>·</del>