

P96000012496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

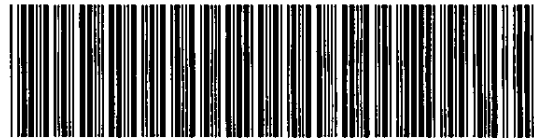
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 26 PM 4: 26

*Amend*

JUN 28 2017

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GOSE COMMERCIAL GROUP, INC.

**DOCUMENT NUMBER:** P96000012496

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEISY GOSE

Name of Contact Person

GOSE COMMERCIAL GROUP, INC.

Firm/ Company

275 FONTAINEBLEAU BLVD. #147

Address

MIAMI, FL 33172

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (                      )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 JUN 26 PM 4: 25



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2017

DEISY GOSE  
GOSE COMMERCIAL GROUP, INC.  
275 FONTAINEBLEAU BLVD., #147  
MIAMI, FL 33172

SUBJECT: GOSE COMMERCIAL GROUP, INC.  
Ref. Number: P96000012496

We have received your document for GOSE COMMERCIAL GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 017A00011438

RECEIVED  
17 JUN 26 PM 4:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

GOSE COMMERCIAL GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000012496

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent DEYSI GOSE  
275 FONTAINEBLEAU BLVD. #147  
(Florida street address)  
New Registered Office Address: MIAMI, Florida 33172  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

**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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)              | Title       | Name                  | Address                        |
|--|-------------|-----------------------|--------------------------------|
| 1) <input type="checkbox"/> Change         | <u>DPST</u> | <u>DAYSEE A LOPEZ</u> | <u></u>                        |
| <input type="checkbox"/> Add               |             |                       | <u></u>                        |
| <input checked="" type="checkbox"/> Remove |             |                       | <u></u>                        |
| 2) <input type="checkbox"/> Change         | <u>VP</u>   | <u>ANTONIO GOSE</u>   | <u></u>                        |
| <input type="checkbox"/> Add               |             |                       | <u></u>                        |
| <input checked="" type="checkbox"/> Remove |             |                       | <u></u>                        |
| 3) <input type="checkbox"/> Change         | <u>DP</u>   | <u>DEYSI GOSE</u>     | <u>275 FONTAINEBLEAU BLVD.</u> |
| <input checked="" type="checkbox"/> Add    |             |                       | <u>SUITE 147</u>               |
| <input type="checkbox"/> Remove            |             |                       | <u>MIAMI, FL 33172</u>         |
| 4) <input type="checkbox"/> Change         | <u></u>     | <u></u>               | <u></u>                        |
| <input type="checkbox"/> Add               |             |                       | <u></u>                        |
| <input type="checkbox"/> Remove            |             |                       | <u></u>                        |
| 5) <input type="checkbox"/> Change         | <u></u>     | <u></u>               | <u></u>                        |
| <input type="checkbox"/> Add               |             |                       | <u></u>                        |
| <input type="checkbox"/> Remove            |             |                       | <u></u>                        |
| 6) <input type="checkbox"/> Change         | <u></u>     | <u></u>               | <u></u>                        |
| <input type="checkbox"/> Add               |             |                       | <u></u>                        |
| <input type="checkbox"/> Remove            |             |                       | <u></u>                        |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 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

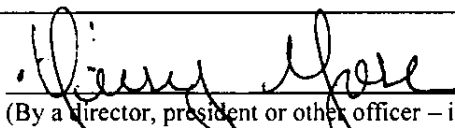
by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MAY 23, 2017 \_\_\_\_\_

Signature



(By 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)

DEYSI GOSE

Deysi Goose  
(Typed or printed name of person signing)

DP

\_\_\_\_\_  
(Title of person signing)