## P96000011036

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GANDY IA	<del></del>
DOCUMENT NUMBER: P96000	11036
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Tillian Piper	Palori Name of Contact Person
PJs Manag	Ement Firm/ Company
4145 Henderson	n Blvd.
Tampa, FL	33 6 2 9
jillianpipero	502 @gmail.com
	for future annual report notification)
For further information concerning this matter, please ca	all:
Jillian Piper Palori	at ( 270 ) 791-5408  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

GANDY INVESTMENTS	INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u>P9600007103</u>	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Frits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"  professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA B
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Pete Anthony	Palori III GE P O
4145 Henders O	n Blvd Tampa, FL 33629
New Registered Office Address: NIA	City) , Florida NIA (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar way	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (0)	

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 = 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.

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>D_</u>	Pete A Palori	4145 Henderson Blvd
Add			Tampa, FL 33629
X Remove			
2) X Change	<u>70</u>	Pete Anthony Palori III	4145 Henderson Blvd
Add			Tampa, FL 33629
Remove Change	T	Jillian Piper Palori	4145 Henderon Blvd
X Add			Tampa, Fl 33629
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change	<del> </del>		
Add			
Remove			

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<u>( an ame</u>	ndment provi	ides for an e	exchange, reclass amendment if not	ification, o	cancellation	of Issued sh	ares,	
(if n	ot applicable,	indicate N/A	)	Contained	III THE ATHEIR	iment itseit:		
VIA								
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The date of each amendment(s) adoption: 8 19 12021 , 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 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 9-30-21
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)
Pete A Palov, III  (Typed or printed name of person signing)
(Title of person signing)