P96000099045

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2022 DEC 12 AH II: 36

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COVER LETTER

Division of Co					
NAME OF CORPO	ORATION: GTS, Inc.				
DOCUMENT NUMBER: P96000099045					
	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:			
	Robert Harrison				
		Name of Contact Person			
	GTS, Inc.				
		Firm/ Company			
	PO Box 799				
	<u>-</u>	Address	7-1		
	Shalimar, FL 32579				
	City/ State and Zip Code				
	robert@onthelevel.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Robert Harrison		at (850	651-3388		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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)		
Mailing Address Amendment Section		Street Address Amendment Section			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

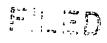
2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



2022 DEC 12 AM 11: 36

(Name of Corporation as currently filed with the Florida Dept, of State) P96000099045 (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: 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 (Florida street address) New Registered Office Address: , Florida (City)

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

Check if applicable

GTS, Inc.

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

[☐] 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	ne, 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 = ChiefExecutive 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>Joh</u>	n Doc	
\underline{X} Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PVCFO	Robert Harrison	PO Box 799
Add			Shalimar, FL 32579
Remove			
2) Change	V	Brian Harrison	PO Box 799
Add			Shalimar, FL 32579
X Remove 3) Change	CFO	Estela Harrison	70 Marlborough Rd
Add			Shalimar. FL 32579
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Art ional sheets, if necessary).	(Be specific)			
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an amendi	nent provides for an exch	ange, reclassifica	tion, or cancellati	on of issued share	<u>s,</u>
rovisions f	or implementing the ame oplicable, indicate N/A)	ndment if not con	tained in the ame	ndment itself:	
(9	product, maidate (1771)				
					
	NA				
					

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The date of each amendment(s) adoption	8/30/2022	, if other than the
date this document was signed.	10/20/- 20	
Effective date if applicable:	8/30/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this dant of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder actions	on and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(for approval.	s)
	y the shareholders through voting groups. The following statenuting group entitled to vote separately on the amendment(s):	cnt
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
bv	<u>,"</u>	
by	(voting group)	
Dated/ 2 /	9/2022	
Signature	The If min	
(By a director, p	president or other officer - if directors or officers have not been	
	incorporator - if in the hands of a receiver, trustee, or other cour	1
appointed fiduc	ciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	