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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Gaines-Invest, Inc. DOCUMENT NUMBER: P97000024507 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following. Silvia Moukhtara Nemer Name of Contact Person Gaines-Invest. Inc. Firm/ Company 7717 NW 20th Lane Address Gainesville, Fl. 32605 City/ State and Zip Code Silvia@Moukhtara.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Silvia Moukhtara Nemer at (352 ) 870-8772

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52,50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

		incorporation r	
Gaines-Invest, Inc.		ยโ	
(Name	of Corporation as curre	ntly filed with the Florida Dep	t, of State)
P97000024507			,
	(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation ข	dopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	"orp," "Inc," or "Co".	A professional corporation n	The new or the abbreviation "Corp.," ame must contain the word
		3911 NW 26th Ter	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		Gainesville, FL 32605	
			202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3911 NW 26th Ter	F CRET TAILE
		Gainesville, FL 32605	\$1 <b>2</b>
D. If amending the registered agent an new registered agent and/or the ne			me of the
Name of New Registered Agent			
	3911 NW 26th Ter		
	(Florida	street address)	
New Registered Office Address:	Gainesville		. Florida
	(City)		(Zip Code)

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

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

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; T) = 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N(4))	amending or adding additional Arti- tach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N'A)	ovisions for implementing the amen	adment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	

The date of each amendment() date this document was signed	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendme sufficient for approval.	ent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
pv		
(5)	(voting group)	
Dated	a director-president or other officer - if directors or officers have not be	
sele	eted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary	ourt
	Sayed Moukhtara	
	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	

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