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Office Use Only



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S. ROTTRES

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GARY RELKEN &	E ASSOCIATES, INC.			
DOCUMENT NUM					
	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gary Relkin				
		Name of Contact Persor	1		
	Gary Relken & Assocs Inc				
	Firm/ Company				
	675 Indian Rocks Rd N Unit 210 C				
	Address				
	Belleair Bluffs, Florida 33770)			
	City/ State and Zip Code				
	garyrelkin@aol.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	(7 2 7)	(744-3308)		
	of Contact Person	at () de & Daytime Telephone Number		
	or the following amount made				
□ \$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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as currently	filed with the Florida Dep	t. of State)
GARY RELKEN & ASSOCIATES, INC	1980000	14723	
		Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
GARY RELKIN & ASSOCIATES, INC	•		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	2023
). If amending the registered agent as	nd/or registered office addr	ess in Florida, enter the na	me of the
new registered agent and/or the ne	w registered office address:		me of the S
Name of New Registered Agent	N/A		
	(Florida stre	nat addruse)	
N 6 : 107 - 11	N/A		
New Registered Office Address:		(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if of the land the land the second the appointment as registed the second the land the	tered agent. I am familiar w	rith and accept the obligation	ns of the position.
	Signature of New Re	egistered 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)

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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{\mathbf{y}}$	Mike Jo	ncs	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
F) N/A Change	 .			
Remove				
2) N/A Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove 3) N/A Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) N/A Change				
Add				
Remove				
5) N/A Change		_		
Add				
Remove				
6) N/A Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s) ad	ption:, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament fite date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
must be separately provided for e	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by N/A	(voting group)
	(voung group)
27 JUNE Dated	O23 The Holl
selected	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
	GARY RELKIN
-	(Typed or printed name of person signing)
	DIRECTOR
-	(Title of person signing)