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Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

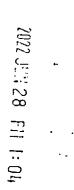
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	GOG SOLUTION	IS CORP	
DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.	
Please return all correspondence	ce concerning this ma	tter to the following:	
Orlando	Santiago		
		Name of Contact Persor	1
Gog So	lutions Corp	<u></u>	
		Firm/ Company	
2611 N	W 84th Ave Ste 303		
		Address	
Miami,	Fl. 33122		
		City/ State and Zip Code	2
E-i For further information concer		sed for future annual report	notification)
Orlando Smit	Ar Q	at (786	de & Daytime Telephone Number
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:
_	S43.75 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 Add Amendment Division of O P.O. Box 63:	Section Corporations	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

GOG SOLUTIONS CORP		2022 JUL 28	PH I: OL
(Name of Corporati	ion as currently filed with the Florid		11: 1- (:4
			. '••
(Docur	nent Number of Corporation (if knowr	1)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corpora	tion adopts the following a	mendment(s)
A. If amending name, enter the new name of the c	orporation:		
		Ti	he new
name must be distinguishable and contain the word "co". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	" or "Co". A professional corpora	rated" or the abbreviation '	"Corp., "
B. Enter new principal office address, if applicable	<u>e:</u>		<u>.</u>
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registe		he name of the	
new registered agent and/or the new registered	onice address:		
Name of New Registered Agent		.	
	(Florida street address)		
New Registered Office Address:		Florida	
	(City)	(Zip Code	e)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		autions of the position	
i nevery accept the appointment as registered agent.	Tam jaminar wan and accept the omi	samme of the position.	

Signature of New Registered 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Gustavo E. Munoz Vivas	2611 NW 84th Ave Ste 303
X Add			Miami, Fl. 33122
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	<u> </u>
	
If an amendment provides for an exch provisions for implementing the amel (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

	06/24/2022	
The date of each amendment(s) :	doption:	, if other than
late this document was signed.		
O6/ Effective date <u>if applicable</u> :	24/2022	
meetive date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	n(s)
must be separately provided fo	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 06/24/202 Signature		
selecte	director, president or other of her - if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Orlando Santiago	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	