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C. GOLDEN NOV 1 6 2017

COVER LETTER

NAME OF CORPORATION: GO Integration, INC. DOCUMENT NUMBER: P01000018756 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICHARD J CALIRWES
Name of Contact Person GO INTEGRATION Firm/ Company SW 133 COURT
Address M(DM), FL 33\86
City/ State and Zip Code rocalienes (a) contegation. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 797 2560

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$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 enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FREED

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GO INTECRATION, IN	K.	2017 NOV 1.5	PH 4: 0
(Name of Corporation as current	ly filed with the Florida Dept. of Sta	ite)	
7 <i>0</i> 100001	0756		
	f Corporation (if known))	 .
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendr	nent(s) to
A. If amending name, enter the new name of the corporation:	NA	The ne	יוני יוני
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "word "chartered," "professional association," or the abbreviation	'Co". A professional corporation na	or the abbreviation	on
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of th	e	
new registered agent and/or the new registered office address		_	
Name of New Registered Agent) / A		
(Florida str	eet address)		
New Registered Office Address:	Florid		_
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar w		position.	
Signatura of Nove B	Projected Agent if changing		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>		12932 SW 133 CT
Add Remove			MIDMI, FL 33186
2) Change Add	5		12932 SW 1336T MIDMI, FL 33186
Remove 3) Change			
Add			
) Change Add			
Remove			
Change			
Add		- -	
Change			
Add			
Remove			

. If amending or adding additional sheets, if nec	onal Articles, enter change(s) here: cessary). (Be specific)	
		
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	/	
		
	,	
oravisians for implementing	r an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:	
(if not applicable, indicate	e N/A)	
• • • • • • • • • • • • • • • • • • • •		
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The date of each amendment(s) adoption: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, if other than the
Effective date if applicable: 11 14 2017 (no more than 90 days after amendment file date)	
(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 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 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11 14 zog	
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)	
RICHARD J. CALIFORS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	