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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Gayard	Transmission Inc.
DOCUMENT NUMBER: 60-8017	2336509 Fein H81-52393
The enclosed Articles of Amendment and fee are submit	itted for filing. Business Parkner \$ 000515000
Please return all correspondence concerning this matter t	
	Name of Contact Person
General Va	Firm/Company
1015 Loxahata	thee DR. De 3 Address
west Palm (Seach, FL 33409 City/ State and Zip Code
General transm E-mail address: (to be used for	nissionine Egnallicom for future annual report notification)
For further information concerning this matter, please ca	ati:
Toban Ewan Name of Contact Person	at (<u>561</u>) <u>329 - 5414</u> Area Code & Daytime Telephone Number 57
Enclosed is a check for the following amount made paya	antag
Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

General Transmi	ssion Inc			
(Name of Corporation a	s currently filed with the F	orida Dept. of State)	
60-8017	17336509			
(Document	Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	itutes, this Florida Profit Cor	poration adopts the f	ollowing amendn	nent(s) to
A. If amending name, enter the new name of the corpo	oration:			
			The ne	
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviat	"Co". A professional con			
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)			
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		ter the name of the	:s 2	
	ce address.		022 TES	
Name of New Registered Agent				e 1
				e manest
	(Florida street address)		<i>5</i> <u> </u>	177
New Registered Office Address:		, Florida_	当家	[]
	(City)		(Ziji Cpde)∰ 	-
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agent. I am		obligations of the po	sition.	
Sianatura	e of New Registered Agent, if	Celeanaina		
•	og men rægimeren rigem, g	w.m./154.1454		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) () E.S.			
inclamenument(s) is/are being med pursuant to s. 607.	0120 (11) (0), 1.5.			

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)

Example:

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	Engri d Burgess	11734 Sanderling DK.
Add		•	wallington, FL 3341L
Remove			
2) Change		_	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach <i>additional she</i>	ets, if necessary). (Be	specific)			
	-				
					
					
					
					· · · · · · · · · · · · · · · · · · ·
an amendment pro	ovides for an exchange	, reclassification	or cancellation of	issued shares,	
provisions for imple	menting the amendme	ent if not contain	<u>ed in the amendme</u>	nt itself:	
(if not applicable	, indicate N/A)				
			·		
				· -	

production of the second

	imendment(s) adoption: 10 - 09 - 2022	, if other than th
date this document Effective date if ar	nolicable: T. moved: 040	
issicenve date it aj	(no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirements, this date wive date on the Department of State's records.	Il not be listed as the
Adoption of Amen	ndment(s) (<u>CHECK ONE</u>)	
The amendment action was not re	i(s) was/were adopted by the incorporators, or board of directors without shareholder action an equired.	d shareholder
	(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) ders was/were sufficient for approval.	
	((s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):	
"The numb	ber of votes cast for the amendment(s) was/were sufficient for approval	
by	·,	
	(voting group)	
Į,	Dated 10/9/2022	
ι,.	7	
S	Signature (B) (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)	
	Jason Ewan	
	(Typed or printed name of person signing)	
	Wher 10ffcer	
	(Title of person signing)	