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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305) 634-3694

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **GOOUE FOUNDATION CORPORATION**

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6/18/2012 22:21 73/2017 Articles of Amendment to Articles of Incorporation of

of "		
GOQUE FOUNDATION CORPORATION		
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
N 11000011707		
(Document Number of Corporation (if known)	_	
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the unendment(s) to its Articles of Incorporation:	following	
4. If amending usure, enter the new name of the corporation:		
	_The new	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." "Company" or "Co." may not be used in the name.	or "Inc."	
8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-	
	-	
	_	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX)	-	
	-	
D. If amounting the registered agent and/or registered office address in Florida, enter the name of the new registered office address:	-	
		- Q
Name of New Registered Agent:	·	72
(Florida sgrøst address)		
New Registered Office Address:		一方意
Florida		379
(City) (Zip Code)		=
lew Registered Agent's Signature, if changing Registered Ascat:		NISION OF CORPORATION NISION 18 AM 9: 32
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		32
Signature of New Resistered Agent if changing		

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If amending the Officers and/or Directors, outer the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Anach additional theets, if necessary)

Please note the afficer/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: XChange	PI	John Doe	
_X Remove	¥	Mike Jones	
X Add	<u>9V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	President	<u>Gustavo Gomez</u>	7979 NW 21 Same # 530 27022 Deca, PL 58122
2)Change Add Remove	Director	maria Mercedes Coma	7979 NW 21 Smeet # S.10 27022 Done, Ft. 83122
3) Change Add Remove	VP/Sechou	" Maria Mercedes Comez	7979 NW 21 Street # SJO 27022 Dorsi, FL 33122
4) Change Add Remove	Director	Daisy Gonzalez	7979 NW 21 Street # SJO 27022 Dotal, FL 33122
Change Add Remove	Manager	Daisy Gonzalez	7579 NW 21 Street + \$JO 27022 Dorel, PL 35122
6) Change Add Remove			

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If <u>amending or addine additions</u> attach additional sheets, if necesso	ury). (Be specific)			

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The date of each sme	indiment(s) adoption: 06/15/2012
Effective date if appli	icable:
	(no more than 90 days after amendment file date)
Adoption of Amends	Dent(s) (CHECK ONE)
The amendment() was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amondment(s) at for approval.
There are no men adopted by the be	
Dated	06/15/2012
Signatur	Maria M Soul
a) Same	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
M	aria Mercedes Gomez
	(Typed or printed name of person signing)
Vf	P/ Secretary
	(Title of person vigning)

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