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LLAHASSEE, FLORI

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 6 10661 Adv	entage Specialist	Inco	pointed
DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
	Wha McMilla (Name of Contact Perso	· ~	
	(Name of Contact Perso	on)	
	(Firm/ Company)		<u></u>
	1825 E(n 5	greef	
	(Address)		
©	Downey Floredy		
	(City/ State and Zip Cod	de)	
Global advantage E-mail address: (to be used	550@gman.com	notification	<u>n)</u>
For further information concerning this matter, please	call:		
John Memilian	at	(15)	702-4971 (Daytime Telephone Number)
(Name of Contact Person)	(A	irea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:
\$35 Filing Fee		Certif Certif	ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address dment Sect on of Corpo Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Global Advantage Specialist	Incorporated
(Name of Corporation as currently filed with the Florida	Dept. of State)
N 2300	x0x03070
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation is the corporation in the corporation in the corporation is the corporation in the corporat	ites, this Florida Not For Profit Corporation adopts the following
At amending traine, enter the new name of the corpora	mon.
	The nev
"Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	174 willow reckly Ocenter fordy
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>s)</u> 344.7.2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	174 willow (and
	174 Willew (vold) Ctale (loviela
	34477
	S. 02
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	1
	P 1
New Registered Office Address:	174 Willow Cocid Street address) Fig. 2
	Ocala Road Florida 349 77
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for	
	Signature of New Registered 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: X Change X Remove X Add	$\underline{V} = \underline{Mike}$	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		-	<u> </u>
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			···
E. <u>If amending or addin</u> (attach additional shee		Articles, enter change(s) here:). (Be specific)	

-		
		
		<u> </u>
-		
	······································	
·····		
The date of each amondered to advant		16 J J J
date this document was signed.	on:	, if other than the
time this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block dedocument's effective date on the Departi	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Dated	July -11-23
Signature	/hr mon
ha	the charman or vice chairman of the board, president or other officer-if directors venot been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	John Memilon
	(Typed or printed name of person signing)
	Secretary (Title of person signing)