From:

12/3/2018

12703/2018 09:24 #061_P.001/005

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000342452 3)))



H180003424523ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.

Account Number : 120020000072 Phone : (305)887-0001 Fax Number : (305)884-6444

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

edula goodtronicsusA. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN GOODTRONICS CORPORATION

Certificate of Status	
Certified Copy	
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

CEC 0 4 2018

T. LEMIEUX

H 18000342452

Articles of Amendment to Articles of Incorporation of

	v.		
Goodtronics Corporation			
(Name of Corporation as o	currently filed with the Flori	ida Dept. of State)	
P05000026631			
(Document Nu	umber of Corporation (if know	vn)	
Durguent to the acceptation of a section (0.7 1000 cm to 10.0		,	
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Plorida Profit Corpor	ration adopts the following	ag amendment(s) to
A. If amending name, enter the new name of the corporat	tion:		
			The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. word "chartered," "professional association," or the abbrevi	" or "Co". A professional	'incorporated" or the a corporation name must	hhrmiation
3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-	· · · · · · · · · · · · · · · · · · ·	
	 ,		
. If amending the registered agent and/or registered office	e address in Florida, enter t	he name of the	
new registered agent and/or the new registered office at	ldress:		
Name of New Registered Agen:			
			
(Flat	ida street address)		
·			
New Registered Office Address:	(Citv)	, Florida	Ka.
	City	(Zip Ca	oue) Z
		Ę	를 [·:
w Registered Agent's Signature, if changing Registered A	gent:		7
ereby accept the appointment as registered agent. I am fami	iliar with and accept the oblig	rations of the position	
)
			•
Signature of N	lew Registered Agent if chance	niug	

H180013424523

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:

\underline{X} Change	<u>PT Jo</u>	<u>ohn Doc</u>	
X Remove	<u>V</u> <u>M</u>	fike Jones	
<u>X</u> Add	<u>SV</u> <u>S</u> a	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	VP/D	Renata Agredo	12773 SW 49th Court
Add			Miramar, Florida, 33027
x Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sho	ing additional Arti eets, if necessary).	(Be specific)				
					-	
						
	· · · · · · · · · · · · · · · · · · ·					
,						
				-		
						-
· · · · · · · · · · · · · · · · · · ·						
	·····					
				·		
				···		
						
						
	· · · · · · · · · · · · · · · · · · ·					
an amendment prov	vides for an exchai	nge, reclassificati	on, or cancellation	on of issued share	25,	
rovisions for implen (if not applicable,	nenting the amend	lment if not conta	jined in the amer	idment itself:		
	,					
						
						 -

From:

H180003424523

The date of each amendment(s	11/30/2018 s) adoption:	if a face there we
date this document was signed.	y Adoption.	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
11/30/20	16	
Dated	18	
Signature		_
seleci	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Javier E Agredo	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	·