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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GVR MULTUS	KC			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	ANTONIO GONZALEZ				
		Name of Contact Person	<u> </u>		
	GONZALEZ & ASSOCIAT	ES III PA			
		Firm/ Company	_		
	1820 N CORPORATE LAK	• •			
	Address				
	WESTON, FL 33326				
	City/ State and Zip Code				
			•		
A	GONZALEZ@AMEFINAN				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
ANTONIO GONZAI	.EZ	954	773-7286	33 [2]	
Name of Contact Person		at () Area Code & Daytime Telephone Number		_ ;-;	****
	a 811 '	tlt- Elado Dos	and many of Contain	· .5	
Enclosed is a check to	or the following amount made	payable to the riorida Depa	artinent of State.	177 	177 ; 177 ;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	F412: 51	19 415 ES
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

G V R MULTLING

	or Corporation as currenti	y filed with the Florida Dept.	. Or State	
P09000033550				
	(Document Number of	'Corporation (if known)		
suant to the provisions of section 607 Articles of Incorporation:	.1006. Florida Statutes, this	Florida Profit Corporation ad	opts the followi	ng amendme
If amending name, enter the new na	ame of the corporation:			
A				The new
ne must be distinguishable and con orp.," "Inc.," or Co.," or the design ed "chartered," "professional associa	iation "Corp," "Inc," or "	Co". A professional corpora	rated" or the ition name mus	abbreviation
Enter new principal office address,	if applicables	N/A		
incipal office address MUST BE A S				
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A		
	·			
			<u> </u>	
If amending the registered agent as	nd/or registered office add	ress in Florida, enter the nam	ne of the	ි යා - ක
new registered agent and/or the ne				0
Name of New Registered Agent	N/A			5
Nume of New Registered Agent				
	tilorida su	eet address)		
	N/A			<u>-11</u>
	• • • •		. Florida	
New Registered Office Address:		(City)	(Zii	Code)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALEJANDRO C. KOWAŁUK	825 NW 13TH STREET APT 114
X Add			BOCA RATON, FL 33486
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional s	ding additional Articles sheets, if necessary). (b	te specific)			
/A					
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If an amendment	provides for an exchang	ge, reclassificat <u>ior</u>	ı, or cancellation	of issued shares,	
provisions for in	nplementing the amendr	nent if not contair	<u>red in the amend</u>	ment itself:	
	rable, indicate N/A)				
/A					
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		<u> </u>		_	<u> </u>

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	7
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the american for approval.	endment(s)
☐ The amendment(s) was/were approx must be separately provided for ea	ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendme	ng statement ont(s);
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and	shareholder
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and share	cholder
12/03/20 Dated	18 The state of th	
Signature	MW/W	
(By a dire	ctor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or	other court
	fiduciary by that fiduciary)	
	GRACIELA RODRIGUEZ	
_	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	