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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

GER INVESTMENTS INC.

DOCUMENT NUMBER: P11000079808

Enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

	CLAUDIA R. RIC	ALDI MORENO			
		Name of Contact Perso	n		
	GER:	INVESTMENTS	INL		
	Firm/ Company				
	9022 GRAND CANA	L DR.			
	Address				
	MIAMI, FL33174				
		City/ State and Zip Cod	e		
	claudiaricaldi@hotm	ail.com			
	E-mail address: (to be us	ed for future annual report	notification)		
Name of Contact Perso	concerning this matter, pleas on:CLAUDIA R. RICALDI N Telephone Number at (305) 8	IORENO.			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
\$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)		

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 to Articles of Incorporation

of GER INVESTMENTS INC.

	on as currently filed with the Flo	orida Dept. of State)		
111000079808				
	nent Number of Corporation (if kn	own)	·	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the follo	owing amendme	ent(s) t
A. If amending name, enter the new name of the cor	rporation:			
			The ne	ew
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbrev	" or "Co". A professional corp	orporated" or the abbi poration name must	reviation "Corp. contain the wo	ord
B. Enter new principal office address, if applicable:				_
(Principal office address MUST BE A STREET ADD)	<u>RESS</u>)			
		·	<u> </u>	-
				_
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOY	<u> </u>			-
				-
				_
D. If amending the registered agent and/or registere	ed office address in Florida, ente	er the name of the		
new registered agent and/or the new registered o			*	"1
Name of New Registered Agent			-	
trane of the regime earligen				
	(Florida street address)			
	The fall sireer trade easy			
New Registered Office Address:	(Cir.)	, Florida	(Zip Code)	-
	(City)		(Mp Code)	
New Registered Agent's Signature, if changing Regis	stored Ament:			
hereby accept the appointment as registered agent. I	am familiar with and accept the c	obligations of the posit	ion.	
		 		
Signa	uture of New Registered Agent, if c	changing		
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.			

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X_Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add	<u>V</u>	MANUEL, O. RICALDI MORALES	9022 GRAND CANAL DR.MIAMI, FL33174
<u>X</u> Remove			
2)Change	_V	GARY O. RICALDI MORENO	9 <u>022 GRAND CANAL DR.MIAMI, </u> FL33174
XAdd			
Remove 3)Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4)Change			
Add			
Remove			<u> </u>
5)Change			
Add			
Remove			
6)Change			
Add			
Remove			

	l sheets, if necessary	v). (Be specific)			
<u></u>					
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		xchange, reclassific:	ation, or cancellatio	n of issued shares.	
an amendmen	t provides for an e	ATTICLE TO THE STATE		dment itself:	
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rovisions for i	t provides for an emplementing the a cable, indicate N/A)	mendment if not co	ntained in the amer		
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	option:	, if other than the
date 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 bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s fficient for approval.	s)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated <u>OZ / O</u> Signature <u>/ L</u>	1/2024 Malale	
(By'á,df selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other coured fiduciary by that fiduciary)	1
	CLAUDIA R. RICALDI MORENO. (Typed or printed name of person signing)	
	PRESIDENT.	· · · · · · · · · · · · · · · · · · ·
	(Title of person signing)	_