P12000077186

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GUEYE IN DOCUMENT NUMBER: P1200007718 The enclosed Articles of Amendment and fee are su	36	
•	•	
Please return all correspondence concerning this ma	tter to the following:	
IDRISSA GUEYE	Ξ	
	Name of Contact Person	
GUEYE INC 1		
	Firm/ Company	
2 INDEPENDEN	T DR. # 219	
**************************************	Address	三字点 🖚
JACKSONVILLE	, FL 32202	
****	City/ State and Zip Code	07.
IDRISSA90@YAHO	O.COM	ALL WHY SEE BY STATE OF THE STA
	sed for future annual report notification)	
	·	
For further information concerning this matter, please	se call:	100 A
IDRISSA GUEYE	at (904) 316-0322	
Name of Contact Person	Area Code & Daytime Telephone	
	,	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, Fl. 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GUEYE INC. 1			
(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
P12000077186			
(Document Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered" "professional association," or the abbreviation "P.	o". A professional corporation name A."	the abbrevia must contain	tion 1 the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
		. 1	
			12
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	<u> </u>	Enchem Enchem E
Name of New Registered Agent IDRISSA GUEYE			
Name by New Negatiered Agent			
(Florida stree	address)	SIMIE SIMIE 64:1	
Non Business Office Idday	Therida	. T. T.	
New Registered Office Address; (City)	, Florida(Zip Ca	ode)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	Cru p	sition.	
Signature of New Registered Ag	ent, 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:

 $P = President; \ 1 = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	Р	ABDULAZEEZ, MARWAH	2 INDEPENDENT DR.
Add			# 219
Remove			JACKSONVILLE, FL 32202
2) Change	Р	IDRISSA GUEYE	2 INDEPENDENT DR.
Add			# 219
Remove			JACKSONVILLE, FL 32202
3) Change			
Add			
Remove			
4) Change			SEU
Add			TO OT
Remove			
5) Change			
Add			0E
Remove			
6) Change			
Add			
Remove			

Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	(voting group)
_	(voling group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_10/07/2	and the second s
Signature	awah Abawazeez I director, president or other officer – II directors or officers have not been
selee	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)
	ABDULAZEEZ, MARWAH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)