P13000054977

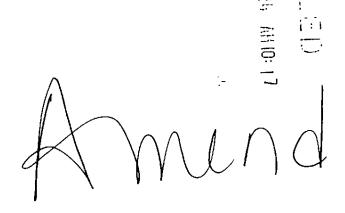
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: GUIMARES INV	ESTMENT CORP	
DOCUMENT NU	P13000054977		
The enclosed Artic	les of Amendment and fee are so	ibmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	URBANO G MARTINEZ		
		Name of Contact Person	n
		Firm/ Company	
	15461 SW 137 CT		
	MIAMI, FL 33177	Address	
		City/ State and Zip Cod	e
For further informa	E-mail address: (to be used to be	sed for future annual report se call:	notification)
URBANO G MARTINEZ		at (<u>305</u>	632-2817
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GUIMARES INVESTMENT CORP

(<u>Name of Corporatio</u>	on as currently	filed with the Flor	ida Dept. of State	<u>:</u>)		
P13000054977						
(Docum	ent Number of	Corporation (if know	wn)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this F	Horida Profit Corpo	pration adopts the	following am	endment	ı(s) to
A. If amending name, enter the new name of the co	rporation:					
				The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	" "Inc." or "C	lo". A professiona		r the abbrev	riation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	V.				2 -	-
Islanding maness SEAT BE A TOST OFFICE BOX	<u>v</u> /				<u> </u>	
					-	·
				<u>.</u>	国	ا آ آ
D. If amending the registered agent and/or registered		ess in Florida, enter	r the name of the		.io:	
new registered agent and/or the new registered of	iffice address:			. 5.	 	
Name of New Registered Agent				<u> </u>		
	***		<u>-</u>			
	(Florida stree	et address)				
New Registered Office Address:		City)	Florida_	(Zin Code)		
	(1	Спу		(Zip Coae)		
New Registered Agent's Signature, if changing Regi	stered Agent:	., , , , , ,				
heraby accept the appointment as registered agent. I	am jamuuar wi	un ana accept the ot	ouganons of the pe	osition.		
	. (**)	gistered Agent, if ch	 	· .		
Siena	uare of New Re	visierea Agent af ch	เสทยาทย			

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CLAUDIA P BOTIA	15461 SW 137 CT
X Add		_	MIAMI, FL 33177
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)				
		-			
			<u> </u>		
				-	
-		·-			
If an amendment provides for an exch	nange, reclassifica	tion, or cancella	ation of issued sh	ares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cor	itained in the ar	nendment itself:		
			-		
	-				

	04/22/19 (s) adoption:	it other than th
The date of each amendment date this document was signed		, if other than the
nico de la companiona dela companiona dela companiona dela companiona dela companiona dela	04/22/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
04/22 Dated Signature _	(a) 5:2	
(1 so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	