P15000 020 678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GESTFLY CORP

DOCUMENT NUMBER: P15000020678

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Valencia
Name of Contact Person

Valencia Consulting Group
Firm/ Company

2100 Coral Way, Suite 404
Address

Miami FL 33145
City/ State and Zip Code

jodi@consultvalencia.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Valencia at (305) 582-6221
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee

☐ $43.75 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GESTFLY CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000020678

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amend its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Global Solution Aviation Corp. *The n name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain word "chartered," "professional association" or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3311 NW 74th Ave.
Miami FL 33122

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3311 NW 74th Ave.
Miami FL 33122

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Valencia Consulting Group LLC

2100 Coral Way, Suite 404
(Florida street address)

New Registered Office Address: Miami , Florida 33145
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Jodi Valencia
Signature of New Registered Agent, if changing

2019 SEP 20 PM 1:20
TALLAHASSEE, FL

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; CI Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change / X Add / ___ Remove	P	Maria A. Cuesta Abondano	3311 NW 74th Miami FL 3
2) ___ Change / X Add / ___ Remove	VPS	Juan Felipe Rodriguez Arana	3311 NW Miami FL
3) ___ Change / ___ Add / X Remove	SEC	Edwin Ayerbe	12009 SW 129th No. 3 Miami FL 331
4) ___ Change / ___ Add / X Remove	P	Maria A. Cuesta	593 Bedford A Weston FL 33
5) ___ Change / ___ Add / X Remove	VP	Juan Rodriguez	593 Bedford Ave Weston FL 333
6) ___ Change / ___ Add / ___ Remove			

E. **<u>If amending or adding additional Articles, enter change(s) here</u>**:
(Attach *additional sheets, if necessary). (Be specific)

F. **<u>If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:</u>**
(*if not applicable, indicate N/A*)

The date of each amendment(s) adoption: ____, if ot[h]
date this document was signed.

Effective date **if applicable**: ____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voti g group entitled to vote separately on the a endment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/17/2019

Signature [signature]
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

____
(Typed or printed name of person signing)

____
(Title of person signing)