## P150000 91741

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GORA Products I	nc.	
	1BER: P15000091747		
	s of Amendment and fee are so	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Juan F Gomez		
		Name of Contact Perso	on
	GORA Products Inc.		
	<del></del>	Firm/ Company	
	300 Commodore Dr #1411		
		Address	
	Plantation, FI 33325		
		City/ State and Zip Cod	le
	distribution of the co	•	
	digitalmarketerssolutions@g		
	t:-mail address: (to be u	sed for future annual report	t notification)
For further information	on concerning this matter, plea	se call:	
Juan Gomez		954 at (	2600972
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐S43.75 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

rnoration as curren					
or por action as curren	tly filed with the Florida Dept.	of State)	-	<del></del>	
	<u> </u>	<del></del>			
(Document Number	of Corporation (if known)				
, Florida Statutes, this	Florida Profit Corporation add	pts the followi	ng amendi	ment(s)	
of the corporation:					
" "Inc," or "Co",	A professional corporation nai	r the abbreviat me-must-conta	ion "Cora	••	
B. Enter new principal office address, if applicable:		300 Commodore Dr #1411			
<u>ET ADDRESS</u> )	Plantation, FI 33325				
		 2 - ( - 7	2020	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ري د ايان م	-; 1 	
	Plantation, FI 33325		2 - Z	-1 	
			6.	-	
registered office add	ress in Florida, enter the name	of the ~			
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<del></del>	<del></del> ,	· · · · · · · · · · · · · · · · · · ·	_		
(Florida sti	reet address)	<del></del>	_		
	1	·lorida_N/A			
lCity)		(Zip	Code)	-	
	of the corporation:  word "corporation."  ""Inc," or "Co", he abbreviation "P.A. plicable: ETADDRESS)  e: ICE BOX)	word "corporation," "company," or "incorporated" of "Inc," or "Co". A professional corporation nather abbreviation "P.A."  plicable: ET ADDRESS )  Plantation, Fl 33325  Plantation, Fl 33325  Plantation, Fl 33325  registered office address in Florida, enter the name istered office address:  (Florida street address)	plicable: BET ADDRESS  Plantation, F1 33325  Plantation F1 33325	The invoid Statutes, this Florida Profit Corporation adopts the following amend of the corporation:  The invoid "corporation: "company," or "incorporated" or the abbreviation "Corporation name must contain the word eabbreviation "P.A."  plicable:  ET ADDRESS  Plantation, Fl 33325  Plantation, Fl 33325	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (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 PΤ John Doe X Remove <u>V</u> Mike Jones X Add SVSally Smith Type of Action Title Address Name (Check One) 1) N/A Change N/AN/A N/A N/A Add N/A N/A\_Remove N/A 2) N/A Change N/AN/A N/A N/A N/A `\_ Add N/A Remove N/A N/A N/A 3) N/A Change N/A N/A\_Add N/A N/A Remove N/A 4) N/A Change N/A N/A N/A N/A Add N/A N/A N/A Remove $5) \frac{N/A}{M}$ Change N/A N/A N/A N/A N/A Add N/A N/A Remove 6) N/A Change N/A N/A N/A N/A N/A Add N/A Remove

<b>\</b>	eets, if necessary). (	, -97				
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an amendment pro	ovides for an exchang	e, reclassification	n, or cancellation	on of issued shar	res,	
if not applicable	ementing the amenda	uent ii not conta	ined in the ame	ndment itself:		
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N/A	
The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
N/A	
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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ 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 voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by N/A	
(voting group)	
6/16/20	
Dated	
Signature Juan Gonez	
(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)	
Juan Gomez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	