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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: GIS WONDWIDE INC.					
DOCUMENT NUMBER: PIGOODIG50					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Sylvi) L. LIEVI Name of Contact Person					
Name of Contact Person					
Gil worldwige INC.					
Firm/ Company					
Name of Contact Person GIS CUONNI WITE INC. Firm/ Company T946 RAST DIRICIE, FURSIII Address NORTH BAY VILLARIE, FURSIYII. City/ State and Zip Code					
Address					
MORIH BAY VILLACIE, FL 33141.					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
1420 R. LILVI at (954) 463-3402 Name of Contact Person Area Code & Daytime Telephone Number					
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Melling Address					

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

413 wordswipe inc	بى
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
DILOD	00000501 3
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	7946 RAST DAIVE.
	NGJIH BAYVINAGE, GL- 33141
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	7946 Basi Sarvie,
	built for duncie, fe 33141
	Noville Bay VILINER, 1233141
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent Lago L-	RILU
	T Dave, #311
(Florida s	street address)
New Registered Office Address: べんだい めょ	and Village , Florida 33141
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	

New Registered Agent, 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; 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.

X Change	<u>PT</u> <u>Joh</u>	ın Dae	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>44</u>	GOLBAS, KAHRAM	41. 2420 FLANINGODR. #1. Hawli Brack, FL 33140
Add			# 1 .
Remove			MIAMI BRACH, FL 33140
2) Change			
Add			
Remove			
3) Change		<u> </u>	·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
F. <u>Ir</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)			
	NA			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 08/16/2016	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment is a separately provided for each voting group entitled to vote separately on the amendment.	
"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 a action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	
Dated & C - DC - DC C Signature (By a director, president or other officer - if directors or officers)	nave not been
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	, or other court
Stay R. RIZVI.	
(Typed or printed name of person signing)	
Persident.	
(Title of person signing)	