P16000057377

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GAER INTERNAL N:	FIONAL GROUP	CORP		
	16000057377		<u> </u>		
	1. 1.6				
The enclosed Articles of Ame	<i>nament</i> and fee are su	omitted for filing.	ļ		
Please return all corresponden	ice concerning this ma	tter to the followin	ıg:		
ВИМ І	BUM PARK				
BP ST	Name of Contact Person BP STRATEGIC SOLUTIONS, LLC				
		Firm/ Com	inany		
11100	NW 72 TER	T HIM CON	ipany 1		
DORL	, FL 33178	Addres	SS I		
		City/ State and	Zip Code		
bpark@hpstr	ategics.com		ļ 1		
——————————————————————————————————————	mail address: (to be us	sed for future annu	al report no	otification) ·	
For further information conce	rning this matter, pleas	se call:	<u>:</u> 		
BUM PARK		30: at (5 !	735-9250	
Name of Conta	nct Person		Area Code	& Daytime Telephone Number	
Enclosed is a check for the fol	llowing amount made p	payable to the Flor	ida Departi	ment of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop. (Additional co- enclosed)	y py is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee.	Section Corporations 27		Division Clifton B 2661 Exe	ent Section of Corporations	

Articles of Amendment to Articles of Incorporation of

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GAER INTERNATIONAL GROUP CO	PRI'			
(<u>Name</u>	of Corporation as currently	iled with the Florida Dept. of S	tate)	
P16000057377				
	(Document Number of C	Corporation (if known)		•
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts	the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			The new
name must be distinguishable and cor "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corporation	" or the ab	breviation
B. Enter new principal office address,	if applicable:			2
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		: المساور المساور	5
				TP
			<u> </u>	2
		1	7:	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			; :	
(maning damess MAT DE ATOST	OFFICE BOX)			<u>-</u> -
			<u> </u>	5
			;	,
D. If amending the registered agent ar	nd/or registered office addres	s in Florida, enter the name of	<u>the</u>	
new registered agent and/or the ne				
Name of New Registered Agent	BP STRATEGIC SOLUTION	NS. LLC		
Name of New Registered Agent	11100 NW 72 TER	<u> </u>		
	(Florida street			
	MIAMI,	quio essy	33178	
New Registered Office Address:		, Flor	ida	
	(C	ity) i	(Zip Ce)de)
		1		
New Registered Agent's Signature, if e	hanging Registered Agent:			
I hereby accept the appointment as regist	tered agent. Tam familiar wil	hand accept the obligations of th	e position.	
		i		
's	um Park			
	_ 	istered Agent, if changing		
	oigiaaure oj new Keg	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.

Example: X_Change	<u>PT</u>	John Doe		1	
X Remove	<u>V</u>	Mike Jones	<u>5</u>		
X Add	<u>SV</u>	Sally Smith	1	1	
Type of Action (Check One)	Title	<u>N</u> .	<u>ame</u>	1	<u>Addres</u> s
1) Change	PD	R	EYES, EDGARDO		8514 NW 66 ST
Add					DORAL, FL 33166
XX Remove					
2) Change					
Add			-	1	
Remove				[
3) Change			<u>.</u>	 	
Add					
Remove				j I	
4) Change				1	
Add				1	
Remove					
5) Change				 	
Add				1	•
Remove				, 1	
				1	
6) Change				1	
Add					
Remove					

If amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification	i, or cancellation of issued shares,
provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	ned in the amendment itself:
(у посирунсионе, таксте гож)	
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09/15/2019 _____, if other than the The date of each amendment(s) adoption: 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 listed as the 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 voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (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. 09/15/2019 Dated 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) Mildred Duarte (Typed or printed name of person signing) (Title of person signing)

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