P16000091183

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GO MCGUIRE, IN	NC.				
DOCUMENT NUMBI	ER: P16000091183					
	f Amendment and fee are su	abmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
l	LISA ZAHORIAN					
_	Name of Contact Person					
1	TAX & FINANCIAL STRATEGISTS LLC					
_	Firm/ Company					
2	28089 VANDERBILT DR., SUITE 201					
_	Address					
F	BONITA SPRINGS, FL 341	134				
-		City/ State and Zip Cod-	e			
LISA@	WONDERTAX.COM					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
LISA ZAHORIAN		239	405-8395			
Name of Contact Person		at (239) 405-8395 Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Maiting 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

GO MCGUIRE, INC.

FIED

2019 JUL - 1 PH 3: 36

(Name of Corporation as currently filed with the Florida Dept. of State) P16000091183 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 9990 COCONUT ROAD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) BONITA SPRINGS, FL 34135 C. Enter new mailing address, if applicable: 9990 COCONUT ROAD (Mailing address MAY BE A POST OFFICE BOX) **BONITA SPRINGS, FL 34135** 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: TAX & FINANCIAL STRATEGISTS LLC Name of New Registered Agent 28089 VANDERBILT DR., SUITE 201 (Florida street address) **BONITA SPRINGS** New Registered Office Address: (City) 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.

Signature of 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>	John Doe			
X Remove	\underline{V}	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	DIR	PATRICK MCGUIRE	4296 MARINER RD		
Add			BONITA SPRINGS, FL 34134		
X Remove					
2) Change	Р	PATRICK MCGUIRE	4296 MARINER RD		
Add			BONITA SPRINGS, FL 34134		
X Remove					
3) Change	P	SUZANNE MCGUIRE	4296 MARINER RD		
X Add			BONITA SPRINGS, FL 34134		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove			·-		
6) Change					
Add					
Remove					

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
 	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	loption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this courtment of State's records.	date will not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment ficient for approval.	(s)
The amendment(s) was/were appliants be separately provided for a	roved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	reni
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voling group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and sharehold	ier
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	
JUNE 27, 20 Dated	19	
Signature		
sciectou,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour I fiduciary by that fiduciary)	1
S	JZANNE MCGUIRE	
-	(Typed or printed name of person signing)	
Pi	RESIDENT	
_	(l'ille of person signing)	

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