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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305)255-3310
Fax Number : (305)255-3320

22 SEP 14 AM 8: 25

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: blanca@ goneral-solutions inc-10m

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SEMILLAS VALERA 2021 CORP

| Certificate of Status | 0       |
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2022 SEP 14 AM 8: 25

## Articles of Amendment to Articles of Incorporation of

|  | of  |  |
|--|---|--|
| SEMILLAS VALERA 2021 CO  |   |  |
|  | ently filed with the Florida Dept. of State         | e)   |
| P17000022253   |   |  |
| (Document Number   | er of Corporation (if known)                        |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:   | his Florida Profit Corporation adopts the           | following amendment(s)   |
| A. If amending name, enter the new name of the corporation:  | <u>:</u>  |  |
| name must be distinguishable and sent in the sent if   | 7.4   | The new  |
| name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "churtered," "professional association," or the abbreviation "P.,  B. Enter new principal office address, if applicable: | A professional corneration name muc                 | breviation "Corp.,"<br>t contain the word  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | <del></del>  |
|  |   | <del></del>  |
|  |   | 20   |
| C. Enter new mailing address, if applicable:   |   | 27.5   |
| (Mailing address MAY BE A POST OFFICE BOX)   | N/A   |  |
|  |   | = =  |
|  |   | (1)  |
|  |   | COC P  |
| D. If amending the registered agent and/or registered office at  | ddress in Florida, enter the name of the            | <u> </u>   |
| new registered agent und/or the new registered office addre  | ess:  | :-\frac{1}{2} \cdot \cdo |
| Name of New Registered Agent   |   |  |
|  |   | <del></del>  |
| (Florida   | street address)                                     | <del></del>  |
|  | •   |  |
| New Registered Office Address:   | (City) Florida_                                     | (Zip Code)   |
|  | (0.1)   | (Lip Code)   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.  | nt:<br>r with and accept the obligations of the po. | sition.  |
| Signature of Man.  | Registered Agent, If changing                       |  |
|  | Negwieren Agent, ij changing                        |  |
| Check if applicable  |   |  |
| ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11  | l) (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 Doc 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                      | PT           | John Doe                 |                            |
|-------------------------------|--------------|--------------------------|----------------------------|
| X Remove                      | <u>v</u>     | Mike Jones               |                            |
| X Add                         | <u>sv</u>    | Sally Smith              |                            |
| Type of Action<br>(Check One) | <u>Title</u> | Name                     | <u>Addres</u> s            |
| l) X Change                   | <u>s</u>     | CARLOSE PEÑALOZA QUEVEDO | 4970 NW 102ND AVE UNIT 208 |
| Add                           |              |                          | DORAL FL 33178             |
| Remove                        |              |                          |                            |
| 2) Change                     |              |                          | 2022                       |
| Add                           |              |                          |                            |
| Remove 3) Change              |              |                          | AH (S                      |
|                               |              |                          | AH SEE                     |
| Remove                        |              |                          |                            |
| 4) Change                     |              |                          | :- CI                      |
|                               |              |                          |                            |
| Remove                        |              |                          |                            |
| 5) Change                     |              |                          |                            |
| Add                           |              |                          |                            |
| Remove                        |              |                          |                            |
| 6) Change                     |              |                          |                            |
| Add                           |              |                          |                            |
| Remove                        |              |                          |                            |

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| (Attach additional sheets, if necessary). (Be specific)   |             |             |
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| N/A   |             |             |
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| 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: | €?          |             |
| (if not applicable, indicate N/A)   | rn.         | ₹           |
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| The date of each amendmendate this document was signer     | 09/14/2022<br>at(s) adoption:   | if other than the  |
|--|---|--------------------|
| Effective date <u>if applicable</u> :                      |   |                    |
|  | (no more than 91) days after amendment file date)   |                    |
| Note: If the date inserted in document's effective date on | this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.                               | t be listed as the |
| Adoption of Amendment(s)                                   | (CHECK ONE)   |                    |
| The amendment(s) was/we action was not required.           | re adopted by the incorporators, or board of directors without shareholder action and sha   | reholder           |
| ☐ The amendment(s) was/we by the shareholders was/w        | re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.  |                    |
| ☐ The amendment(s) was/we must be separately provide       | te approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): |                    |
| "The number of votes                                       | s cast for the amendment(s) was/were sufficient for approval  |                    |
| by   |   | 2022               |
|  | (voting group)  | Si Ti              |
| Dated  | Ogy,47022  Ogy,47022  SSC E   | 7022 SEP   14 AM 8 |
| (B   | y a director, president or other officer - if directors or officers have not been   | %<br>%             |
| at.  | elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                 | S                  |
|  | JESUS PEÑALOZA  |                    |
|  | (Typed or printed name of person signing)   | <del></del>        |
|  | PRESIDENT   |                    |
|  | (Mitta of correspondingly)  | <del>_</del>       |

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