## P170000 56977

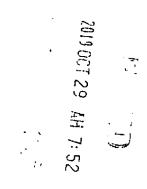
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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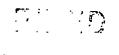
## COVER LETTER 4

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GUIPARA SOLUT	ΓΙΟΝS, CORP				
DOCUMENT NUMB	ER: P17000056977					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
,	GIOVANA P PARA					
-		Name of Contact Person	1			
	GUIPARA SOLUTIONS, CO	ORP				
-		Firm/ Company				
	42 NE 2ND AVENUE					
•	Address					
	DEERFIELD BEACH - FL 3	33441				
•		City/ State and Zip Cod	e			
PRIM	EINCOMETAX1@GMAIL.	COM				
<del></del>	~	sed for future annual report	notification)			
For further information	concerning this matter, pleas					
GIOVANA P PARA		at (	<del>870-7795</del>			
Name of Contact Person		at (561 870-7795  Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 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)			
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



**GUIPARA SOLUTIONS, CORP** 

2015 CCT 29 AM 9: 15

to

(Name of Corporation	on as currently	filed with the Florida Dept. o	of State)
P17000056977			•
(Docum	nent Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	Statutes, this I	Clorida Profit Corporation ado	pts the following amendment(s
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc." or "(	Co". A professional corporati	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u> DRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X</u> )		
D. If amending the registered agent and/or register new registered agent and/or the new registered			of the
Name of New Registered Agent			<del></del>
	(Florida stre	et address)	
New Registered Office Address:		, 1	Florida
	,	(City)	(Lip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			of the position.
e.	-4	paistarad August 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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>V</u>	Mike J	Mike Jones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
I) Change	VP		PATRICIA F ADORNO RIBEIRO	1598 NW 4TH AVE, APT 207	
X Add				BOCA RATON - FL 33432	
Remove					
2) Change					
Add					
Remove					
3 ) Change		<del></del>			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_		<del></del>	
Add					
Remove				<del>-</del>	
6) Change			<del>_</del>	-	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
PLEASE ADD PATRICIA FORTES ADORNO RIBEIRO AS VICE PRESIDENT						
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
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			·			
F. If an amendment	t provides for an excl	nange, reclassific	ation or cancells	ntion of issued sh	14 rac	
provisions for in	nplementing the ame	ndment if not co	ntained in the an	nendment itself:	141 (3)	
(у посарри	cable, indicate N/A)					
	<del></del> .		<u>.                                    </u>			
					-	
-		•				
			<u> </u>		······································	
<u>.</u>						
					<u> </u>	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(n	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC	K ONE)
■ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appre	cholders. The number of votes cast for the amendment(s) oval.
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes east for the amendme	ent(s) was/were sufficient for approval
by	
(voting	group)
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareholder
OCTOBER 9TH, 2019.  Dated 10, 10, 2019	*
Signature(By a director, president selected, by an incorpor appointed fiduciary by a	t or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court that fiduciary)
GIOVANA P P.	ARA
(Тур	ed or printed name of person signing)
PRESIDENT	
<del></del>	(Title of person signing)