

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P17000070589

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000294655 3)))



H210002946553ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : GG CONSULTING SERVICES CORP
Account Number : I20210000143
Phone : (786)631-8656
Fax Number : (786)360-4066

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

Email Address: _____

FLORIDA DEPARTMENT OF STATE
FACILITY/ADDRESS/FL 32011

2021 AUG -4 AM 8:51

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GRUPO SOPORTE GLOBAL INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

'AUG '5 2021

S. PRATHER

RECEIVED

2021 AUG -4 AM 10:33

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRUPO SOPORTE GLOBAL INC

DOCUMENT NUMBER: P17000070589

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ORLANDO J GONZALEZ
Name of Contact Person
GG CONSULTING SERVICES CORP
Firm/ Company
1110 BRICKELL AVE. SUITE 430K-11
Address
MIAMI, FL 33131
City/ State and Zip Code
OGONZALEZ@GGCONSULTINGSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLANDO J GONZALEZ at (786) 520-5029
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

GRUPO SOPORTE GLOBAL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000070589

(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:

The new 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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent ALFREDO E. OLIVARES


2644 NW 97TH AVE

(Florida street address)

New Registered Office Address: DORAL, Florida FL 33122
(City) (Zip Code)

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>CARLOS A. GONZALEZ B.</u>	<u>2644 NW 97TH AVE.</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33172</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ALFREDO E. OLIVARES</u>	<u>2644 NW 97TH AVE.</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33172</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>JOSE D. GONZALEZ B.</u>	<u>2644 NW 97TH AVE.</u>
<input checked="" type="checkbox"/> Add			<u>DORAL, FL 33172</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>JOSE M. COLMENARES A.</u>	<u>2644 NW 97TH AVE.</u>
<input checked="" type="checkbox"/> Add			<u>DORAL, FL 33172</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>ALBERTO GONZALEZ G.</u>	<u>2644 NW 97TH AVE.</u>
<input checked="" type="checkbox"/> Add			<u>DORAL, FL 33172</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

AUGUST 02, 2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

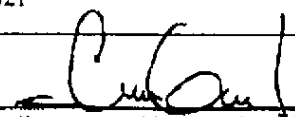
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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
by 10% _____."
(voting group)

Dated 08/02/2021 _____

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)

CARLOS A. GONZALEZ

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 AUG -4 AM 8:51

FILED