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And

R. WHITE MAY 15 2018 THAY IL PH 3: 31

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	GOTONUR, INC
i	000020427
The enclosed Articles of Amenda	nent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
PAOLO \$	CATTARREGGIA
!	Name of Contact Person
GOTON	JR, INC
	Firm/ Company
1329 AL.	ON RD
<u></u>	Address
MIAMI	BEACH, FL 33139
	City/ State and Zip Code
 	R-REALTY.COM
E-mai	il address: (to be used for future annual report notification)
ŗ	
For further information concerning	ng this matter, please call:
PAOLO SCATTARREGGIA	305 915-9016
Name of Contact	Person Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made payable to the Florida Department of State:
	3.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\int \text{S43.75 Filing Fee} & \times \text{S52.50 Filing Fee} \\ Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment \$e Division of Cor P.O. Box 6327 Tallahassee, FI	retion Amendment Section reporations Division of Corporations Clifton Building

Articles of Amendment Articles of Incorporation

of

FILED 18 HAY 14 PH 3: 35

SECRETARY ARESTATE

GOTONOR, INC		TALL:	JIAE'S FELORION	
	(Name of Corporation as currently	filed with the Florida Der	ot. of State)	
P18000020427				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of soits Articles of Incorporation:	 ection 607,1006, Florida Statutes, this <i>Fi</i> 	lorida Profit Corporation a	idopts the following amendmen	(s) to
A. If amending name, enter	the new name of the corporation:			
"Corp.," "Inc.," or Co.," or	and contain the word "corporation, the designation "Corp." "Inc," or "Could association," or the abbreviation "P.	o". A professional corpor		
B. Enter new principal office (Principal office address <u>MUS</u>	address, if applicable: ST BE A STREET ADDRESS)			
C. Enter new mailing addre (Mailing address <u>MAY BE</u>				
	d agent and/or registered office address; for the new registered office address;	ss in Florida, enter the na	me of the	
Name of New Register	1			
	(Florida stree	t address)		
New Registered Office		lity	, Florida(Zip Code)	
			(Inp) (Cont)	
New Registered Agent's Sign	ature, if changing Registered Agent:			
I hereby accept the appointmen	nt as registered agent. I am familiar wii	th and accept the obligation	ns of the position.	
	Signature of New Res	gistered 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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MAURIZIO SCHIAFFINI	1329 ALTON RD
X Add			MIAMI BEACH, FL 33139
Remove			
2) Change			
Add			
Remove			
3) Change			
Add	[
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change	1		
Add			
Remove			

If amending or adding add	litional Articles, enter change(s) here:
(Attach additional sheets, if	necessary). (Be specific)
	
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F. If an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
provisions for implement	ing the amendment if not contained in the amendment itself:
(if not applicable, indi	Cale NA)
 	
·	

	05/02/2018
The date of each amendment(s) date this document was signed.	
Effective date if applicable:	
<u>,</u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were a by the shareholders was/were	 adopted by the shareholders. The number of votes east for the amendment(s)
	opproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
bv	(voting group)
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder
Dated	05/08/2018
Signature	12 Vo
	director, president or other officer – if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	PAÓLO SCATTARREGGIA
i I	(Typed or printed name of person signing)
j	PRESIDENT
	(Title of person signing)