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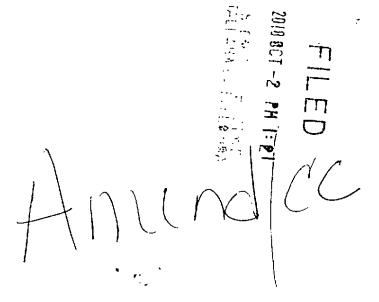
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Galovin Solutions I	nc.	
DOCUMENT NUMB	ER: P18000022534		
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Ana García-Carcaga		
-		Name of Contact Person	1
1	Galovin Solutions Inc.		
-		Firm/ Company	
	27601 SW 164 Court	. ,	
-		Address	
	Homestead, Fl. 33031		
-		City/ State and Zip Cod	е
anlavá	n@outlook.com		
gatovi	T	ed for future annual report	notification)
	15-mail address. (10 oc us	ed for fature annual report	nomeanony
For further information	concerning this matter, please	e call:	
Ana Garcia-Careaga		786 at (222-8697
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ition of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

to

(Name of Corporation	on as currently filed with the Florida De	nt. of State)		
P18000022534	a as currently inco with the 1 to ida De	pi. or stare)		
(Docume	ent Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation a	adopts the followi	ng amen	dment
A. If amending name, enter the new name of the cor	poration:			
			The	
name must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association." or the a	" "Inc," or "Co". A professional corporable or "P.A."			
Principal office address <u>MUST BE A STREET ADDI</u>				_
		27.	2	_
		· ÷	- 8	_ - -
2. Enter new mailing address, if applicable:		7 - 1	;	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>		~	_ i
			=======================================	_ []
		<i>'</i> ∂ -	•	_
 If amending the registered agent and/or registere new registered agent and/or the new registered o 		<u>me of the</u>		
Name of New Registered Agent			-	
	(Florida street address)		_	
	(Patrida street daares)			
New Registered Office Address:	(City)	_, Florida	Code)	_

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	P	Daniel Garcia	27601 SW 164 Court
Add			Homestead, Fl. 33031
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
-	
<u> </u>	
. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
na Garcia-Careaga, President 100 Shares:	s: Daniel Garica 0 Shares

The date of each amendment(s) adoption:	, if other than the
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 d document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by:"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ег
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9282018	
Signature	<u> </u>
(By a director, president of other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	rt
Hna barcia Careago	<u> </u>
(Typed or printed name of person signing)	
President	
(Title of person signing)	