## P180000 24470

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2018 OCT -1 AM II: IL

C. GOLDEN 0CT - 4 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Guru Systems, Inc		
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	Rafael Sabbagh		
-		Name of Contact Person	1
	Guru Systems, Inc.		
_	<del></del>	Firm/ Company	· · · ·
	3199 NW 122 AVE		
-		Address	
;	Sunrise, FL 33323		
<del>-</del>		City/ State and Zip Cod	e
rafael8	3912@gmail.com		
		sed for future annual report	notification)
	•	'	•
For further information	concerning this matter, pleas	se call:	
Rafael Sabbagh		954 at (	5930662
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Guru Systems, Inc.		2018 OCT - 1 AM 11: 14
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P18000024470		SEGRETARY OF STATE TALLAHASSEE, FL
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent	Rafael Sabbagh	
rame of the register ourigen	3199 NW 122 AVE	
	(Florida stree	ri address)
New Registered Office Address:	Sunrise	, Florida 33323
	(0	City) (Zip Code)
New Registered Agent's Signature, if c		th and accept the obligations of the position.
weren, accept the appointment as regul	erea agem. Tampamma m	in and decept the songations by the position.
		•_
	-Signature of New Re	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: 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
1) Change	COO	SUREN BADIKYAN	4749 NW 9TH AVE
Add			DEERFIELD BEACH, FL
X Remove			33064
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Chaman			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
,	
	- <del>-</del>
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	Anna Arthur Anna Anna Anna Anna Anna Anna Anna Ann
provisions for implementing the ame	nament it not contained in the amenament itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment it not contained in the amendment itself:
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provisions for implementing the ame	ndment it not contained in the amendment itself:

09/14/18 The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<u></u> _
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records.	is date 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.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following star 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"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharel action was not required.	nolder
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	:r
09/26/18 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
RAFAEL SABBAGH	
(Typed or printed name of person signing)	· · · · · ·
CEO	
(Title of person signing)	