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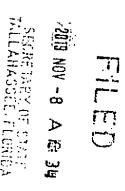
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GWREPORTUSA	INC	
DOCUMENT NUMBER: P180	00058416		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
CARL FIS	HER		
		Name of Contact Person	1
CARL FIS	HER CPA PA		
		Firm/ Company	
9600 W SA	AMPLE ROAD, #.	201	
		Address	
CORAL S	PRINGS, FL 3306	5	
	_ -	City/ State and Zip Cod	e
CARL@CARLF	TSHERCPA.COM		
E-mai	l address: (to be us	sed for future annual report	notification)
For further information concerning	g this matter, pleas	se call:	
CARL FISHER		954 at (742-0909) de & Daytime Telephone Number
Name of Contact I	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Florida Depa	ortment of State:
\$35 Filing Fee \$43 Cert	.75 Filing Fee & tificate 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GWREPORTUSA INC

(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P18000058416	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: NEWS305 INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida stre	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Re	egistered 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 Doc	
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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			-
Add			
Remove			

	r adding additional Ar nal sheets, if necessary).	. (Be specific)			
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provisions for	nt provides for an excl implementing the amo	nange, reclassificati endment if not cont	ained in the amen	fment itself:	
(if not app.	licable, indicate N/A)				

The date of each amendment(s) a	idoption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required. ☐ The amendment(s) was/were action was not required. ☐ 10/22/19 ☐ Dated	dopted by the incorporators without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	GREGORY WOODFIELD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	