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COVER LETTER

Division of Corporations
NAME OF CORPORATION: GOOD NEWS REAL ESTATE SERVICES, I'NC.
DOCUMENT NUMBER: P1800007000.2
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARCARITA S. BLANCO Name of Contact Person 6000 NEWS REAL ESTATE SERVICES INC. Firm/Company
156 NW 98 TERRACE Address
PLANTATION FL. 33324 Citý/ State and Zip Code
BLANCO MARGARITA @ BETISOUTH - NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARGARITA S. BLAIVCO at 305 345-3308 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:
\$35 Filing Fee \$\bigs\text{\$\frac{1}{2}\$\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\bigs\text{\$\frac{1}{2}\$}\$\$ Certificate of Status (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

οf

	STATE SERVICES INC
	filed with the Florida Dept. of State)
P1800007000	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
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)	2019 AUG 23 PH L SLUNLANASSEE.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent MARGARITA	S. BLANCO
156 NW 9. (Florida stre	
New Registered Office Address: PLANTATio	N, Florida 33344 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	oith and accept the obligations of the position.
Ofongarte & Signature of New Ro	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.

Mike Jones, V as Remove Example:	, and Sal	lly Smith, S	W as an Add.		
X Change	<u>PT</u>	John Doe	<u>e</u>	NA	
X Remove	<u>V</u>	Mike Jon	<u>nes</u>	10/11	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>]	Name		<u>Addres</u> s
I) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change			~ 		
Add					
Remove					
4) Change					
Add					
Remove					
- 01					
5) Change	•	 .			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this 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 v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	groups. The following statement ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
Dated 8/20/19 Signature Sangusta Slamo	
Signature Officeally Slamo	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
MARGARITA S. L	BLANCO
MARGARITA 9. L (Typed or printed name of pers	on signing)
PRESIDE	ning)
(Title of person sig	ning)