## P19000012601

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## **COVER LETTER**

TO: Amendment Section Division of Corpor		,		The Part of the Pa
NAME OF CORPOR	ATION: Go Credit Solution:	s Inc		
	ER: P19000012601			
	f Amendment and fee are sul			
Please return all corresp	oondence concerning this mat	ter to the following:		3.
ī	Nora 1 Silva			
-		Name of Contact Person	1	<del></del>
(	Go Credit Solutions	Name of Contact Person	•	
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
	13511 Summerton Dr	, ,		
-		Address		<del></del>
,	()_lala_ II 20004	Addiess		
-	Orlando, Fl 32824			
		City/ State and Zip Cod	e	
Nanow	orldmedia@gmail.com			
<del></del> -	E-mail address: (to be us	ed for future annual report	notification)	•
For further information	concerning this matter, pleas	se call:		
Nora I Silva		at (407	496-2079	
Name o	f Contact Person		de & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount made	payable 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address Indirection Indirection of Corporations Indirection of Samuel Corporations Indirection of Samuel Corporation of Samuel C	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Go Credit Solutions Inc	•		314 E
(Name o	f Corporation as curren	tly filed with the Florida Dept. of	State)
P19000012601			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s <i>Florida Profit Corporation</i> adopt	s the following amendme
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	ed" or the abbreviation n name must contain the
B. Enter new principal office address.	if applicable:	13511 Summerton Dr	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Orlando, Florida 32824	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		13511 Summerton Dr	
(		Orlando, Florida 32824	
D. If amending the registered agent an new registered agent and/or the new			of the
Name of New Registered Agent	Nora I Silva	<del></del>	
Mane of New Registered rigent	13511 Summerton Dr		
	(Florida	street address)	
New Registered Office Address:	Orlando,	FI	32824 orida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	nt:	
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of	the position.
	News	Q. Silva	

Signature of New Registered 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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	· Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ms	Maria Mejia	6900 Tavistock Lakes Blvd Ste 400
Add			Orlando, Fl 32837
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for implementing the ame	nange, reclassificate	tion, or cancellat tained in the ame	on of issued share ndment itself:	<u>s.</u>
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificate	tion, or cancellat tained in the ame	on of issued share ndment itself:	<u>s.</u>
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica endment if not con	tion, or cancellat tained in the ame	on of issued share ndment itself:	<u>S.</u>

•	April, 5 2019	
The date of each amendment(s) a	doption:	, if other than the
late this document was signed.	il, 5 2019	
Effective date <u>if applicable</u> :		****
<del>_</del>	(no more than 9Q 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 epartment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of the approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareh	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholde	Γ
April, 5-20 Dated	019	
Signature	Mara ed. Silve	
	director, president or other officer - if directors or officers have not be	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other	court
арроп	nted fiduciary by that fiduciary)	
	NORA I. SILVA	
	(Typed or printed name of person signing)	
	Durer	
	(Title of person signing)	