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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: GUNGEN Security Consulting INC DOCUMENT NUMBER: P19000018525				
DOCUMENT NUMBER: 8 19 0000 18525				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person (70Archan Socurity Consulting INC				
13453 SW 62HST AT#1				
13453 SW 621 ST PT#1 Migni, Ph 33183 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Color Contact Person Area Code & Daytime Telephone Number				
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:				
S35 Filing Fee Certificate of Status: Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

	unity Consulting				
(Name	of Corporation as currently fil	ed with the Florida D	ept. of State)		
	018525		· · · · · · · · · · · · · · · · · · ·		
	(Document Number of Co	rporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the fol	llowing ame	endment(s) to
A. If amending name, enter the new n	ame of the corporation:				
				The	new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or "Co"	'. A professional corp	orporated" or poration name	the abbrev must conta	iation in the
B. Enter new principal office address. (Principal office address MUST BE A S					
	-				
	_			A A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			:	% 6	,.
(Muning address MAY BE A 1 051	<u> </u>		- 1	7	<u></u>
	_	<u> </u>		<u> </u>	- 5
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D. If amending the registered agent as		in Florida, enter the I	name of the		
new registered agent and/or the ne	w registered office andress:	. <i>[</i>]			
Name of New Registered Agent	_ Cal (sv.	MANA	, -		
	13453 SW 6	isth st of	t,		
	(Florida street o	(ddress)			
New Registered Office Address:	MiAMI		, Florida	3316	?3
Hen Registered Office Hadress.	(Cit	·)	,	(Zip Code)	
New Registered Agent's Signature, if o					
I hereby accept the appointment as regis	tered agent. I am familiar with	and accept the obligat	ions of the posi	ition.	
	(Apple)				
	Signature of New Regis	tered Agent, if changir			

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	e, and Sai	lly Smith, SV as an Ada.	
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>	Address
1) Change	<u>P</u>	Obel Quintana	11455 SW 40th St Suite# 208
Add Remove			Mianis Ph 33165
2) Change	P	ODel Quintana	13453 SW62 ST
Add Remove		(Address only)	Minni Ph 33183
3) Change			
Add			——————————————————————————————————————
Remove			19 HA
4) Change			ASSET P
Add Remove			FLORIDA E
5) Change			
Add Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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	7.T. SEC	19	
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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:	4/19/19	, 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 block does no document's effective date on the Department of S		uirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		r the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
"The number of votes east for the amend	dment(s) was/were sufficient for approval	
by		
(votin	ng group)	
☐ The amendment(s) was/were adopted by the baction was not required.	ooard of directors without shareholder acti	on and shareholder
The amendment(s) was/were adopted by the ir	ncorporators without shareholder action a	nd shareholder
action was not required.	·	A T
11/10/10		355
Dated	7/1997	<u> </u>
Signature (Run dispator, provide	dent or other officer - if directors or office	have not horse
	rporator — if in the hands of a receiver, true	
appointed fiduciary t		
	Wel Winform	
<u></u>	Typed or printed name of person signing)	· -
	Wresiden#	

(Title of person signing)