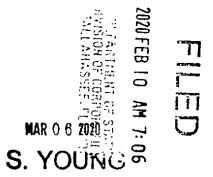
P20 000009124

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	•	TIONS CORP		
DOCUMENT NUM	P20000009124 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	LEONARDO TOLEDO DE	EALMEIDA		
	GUEES M SOLUTIONS CO	Name of Contact Persor ORP	1	
	601 CYPRESS LAKE BLV	Firm/ Company D APT L		
	Deerfield Beach /Florida 330	Address 064		
	City/ State and Zip Code			
	gueesmoney@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
LEONARDO TOLE	DO DE ALMEIDA	at (203	1212 2263	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GUEES M SOLUTIONS CORP

	of Corporation as currently	filed with the Florida	Dept. of State)		
P20000009124					_
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this I	Florida Profit Corporati	ion adopts the followin	g amendm	ient(s) to
A. If amending name, enter the new na N/A	ame of the corporation:			The nev	
name must be distinguishable and contain	the word "corporation," "c	ompany," or "incorpora	ited" or the abbreviation		
"Inc.," or Co.," or the designation "C "chartered," "professional association,"		professional corporati	on name must contai	n the wor	d
charterea, projessional association,	or the appreviation (1.2).	N/A			
B. Enter new principal office address,					
(Principal office address <u>MUST BE A S</u>	IKEET ADDKESS)				
C. Enter new mailing address, if applicable:		N/A		23	
(Mailing address MAY BE A POST)	OFFICE_BOX)		<u> ਜੁੰਦੇ</u> ਜੁੰਦੇ ਹਨ	22	77
				<u>E8</u>	-
			395	5 r	
				2	
D. If amending the registered agent an			e name of the Zes	AM 7: 06	U
new registered agent and/or the nev	v registered office address: N/A			0	
Name of New Registered Agent				_ თ -	
	(Florida stre	et address)		_	
Name Parriet and Office Advanced	N/A		Pludda		
New Registered Office Address:		Citry	, Florida (Zip C	Code)	
		·	•		
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the oblig	ations of the position,		
	Signature of New Re	gistered Agent, if chang		-	
	· Garania and a care and	G TO THE THE STATE OF THE STATE OF			

Check if applicable

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	\underline{SV}	Sally Smith		
Type of Action (Check One) 1) Change X	<u>Title</u> VP	Name DEMOSTHENES PEREIRA DE CAMPOS JUNIOR	Address 601 CYPRESS LAKE BLVD APT L Deerfield Beach , FL 33064	
Add Remove 2) Change				
Add Remove 3) Change Add				
Remove 4) Change Add	-			
Remove 5) Change Add				
Remove 6) Change Add Remove				

E. If amending or ad	ding additional Art heets, if necessary).	ticles, enter change (Be specific)	e(s) here:		
(ittuen tittumiin)	necio. y necessary).	(inc specyte)			
	7				
,0)	<u>/-</u>		***		
<u> </u>					
					
			-		
	_		·		
					
F. If an amendment provisions for im	provides for an exc plementing the am	hange, reclassifica	tion, or cancellati	on of issued shares	<u>s.</u>
(if not applied	ible, indicate N/A)			Transcent House	
					
		1/ /			
	<u> </u>	ITA			
		' 		· <u>·</u>	
					
					

The date of each amendment(s) addate this document was signed. 02/0	option:, if other than the
	6/2020
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	·
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
02/06/2020	
Dated	
	EDNARDO FULEDO DE ALMEINA
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	LEONARDO TOLEDO DE ALMEIDA
	(Typed or printed name of person signing) PRESIDENT
	(Title of person signing)