## P20 000015389

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GUACAMAYA G	RUPO CORP		
DOCUMENT NUM	P20000015389			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	NINOTCHKA HECHT			
		Name of Contact Persor	1	
FAST FILING SERVICES LLC				
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Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amenc Divisic 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

GUACAMAYA GRUPO CORP.

(Name of Cornoration as current	tly filed with the Florida Dept. of State)
P20000015389	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amenda
A. If amending name, enter the new name of the corporation: $N\!/\!A$	The n
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or 'Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wo
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ω</u> ω
Name of New Registered Agent	<del></del>
(Florida s	street address) C
New Registered Office Address:	City (Zip Code)
	(7.7)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Charles and in a his	

Check if applicable

☐ 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, nar 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;  $\hat{V}$  = Vice President; T = Treasurer, S = Secretary; D = Director; TR = Trustee;  $\hat{C}$  = Chairman or Clerk; CEO Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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. 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<del>PT</del>	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>	<u>Addres</u> s
1) Change	VP	JIMMY A FLOREZ	11288 NW 51st Ter
X Add			DORAL F1. 33178
Remove			
2) Change	D	ROSANGELA J GORI	11288 NW 51st Ter
X Add			DORAL FL 33178
Remove Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	•
· ·	
,	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N A)	ndment if not contained in the amendment itself:
N/A	
· · · · · · · · · · · · · · · · · · ·	
1,000,000	

The date of each amendment(s) a	10/01/2020	it other t
date this document was signed.	uoption:	II (ditei
10'0	1/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be liste
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	I shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were approximate the separately provided for	proved 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)	
	(voting group)	
11/05/2020		
Dated	LAM	
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	JAIME GORI	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

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