P200000 21323

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COVER LETTER

TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION: | GZOLUTIONS CORP | | |
|---|--|--|--|
| DOCUMENT NUMBER: | P20000021323 | | |
| The enclosed Articles of Amendment | and fee are submitted for filing. | | |
| Please return all correspondence conce | rning this matter to the following: | | |
| | CRISTINA C GONZALEZ | | |
| | Name of Contact Person | | |
| | Oristina C gonzalez | | |
| | Firm/ Company | | |
| | 9321 NW 42ND CT | | |
| | Address | | |
| SUNRISE, FL 33351 | | | |
| | City/ State and Zip Code | | |
| | FLOREZCLAUDIAC@GMAIL.COM | | |
| E-mail add | ress: (to be used for future annual report notification) | | |
| | | | |
| For further information concerning thi | s matter, please call: | | |
| CLAUDIA C GONZALEZ | at () 274-1914 | | |
| Name of Contact Perso | | | |
| Enclosed is a check for the following a | amount made payable to the Florida Department of State: | | |
| _ | Tiling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) | | |
| Mailing Address | Street Address | | |
| Amendment Section Division of Corporat | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 323 | 14 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

Articles of Amendment to Articles of Incorporation

GZOLUTIONS CORP

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| (Name of Corporation as cur | rrently filed with the Florid | |
|---|--|---------------------------------------|
| | | la Dept. of State) |
| | P20000021323 | 2020 MAR 15 A 10: 4 |
| (Document Nun | iber of Corporation (if know | n) A D: (|
| suant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation: | , | - |
| If amending name, enter the new name of the corporation | o <u>n:</u> | |
| | | The new |
| me must be distinguishable and contain the word "corporationc.," or Co., " or the designation "Corp," "Inc," or "Co. hartered," "professional association," or the abbreviation " | ". A professional corpore | |
| Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| | - | |
| | | the name of the |
| | | |
| If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | |
| | | |
| new registered agent and/or the new registered office ad | | |
| Name of New Registered Agent | | |
| Name of New Registered Agent (Flor | ldress: | |
| Name of New Registered Agent | ida street address) | Florida |
| Name of New Registered Agent (Flor | ldress: | Florida(Zip Code) |
| Name of New Registered Agent (Flor | ida street address) | |
| Name of New Registered Agent (Flor New Registered Office Address: | ida street address) (City) | |
| Name of New Registered Agent New Registered Office Address: Wegistered Agent's Signature, if changing Registered Agent | ida street address) (City) | (Zip Code) |
| new registered agent and/or the new registered office ad Name of New Registered Agent (Flor New Registered Office Address: | ida street address) (City) | (Zip Code) |
| new registered agent and/or the new registered office ad Name of New Registered Agent (Flor New Registered Office Address: ew Registered Agent's Signature, if changing Registered A | ida street address) (City) | (Zip Code) |
| new registered agent and/or the new registered office ad Name of New Registered Agent (Flor New Registered Office Address: w Registered Agent's Signature, if changing Registered Agenty accept the appointment as registered agent. I am fam | ida street address) (City) Agent: ailiar with and accept the obl | (Zip Code) ligations of the position. |
| Name of New Registered Agent (Flor New Registered Office Address: ew Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Registered Agent. I am fam | ida street address) (City) | (Zip Code) ligations of the position. |
| new registered agent and/or the new registered office ad Name of New Registered Agent (Flor New Registered Office Address: www. Registered Agent's Signature, if changing Registered Agent, I am fam | ida street address) (City) Agent: ailiar with and accept the obl | (Zip Code) ligations of the position. |

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> | John Doe | |
|----------------------------|--------------------------|---------------------|-------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | Р | CRISTINA C GONZALEZ | 9321 NW 42ND CT |
| Add | | | SUNRISE, FL 33351 |
| Remove 2) Change | P | CLAUDIA C GONZALEZ | 9321 NW 42ND CT |
| X Add | | | SUNRISE, FL 33351 |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | * |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| f 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) | | |
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| The date of each amendment(s) adop date this document was signed. | tion: | , if other than the |
|--|---|-------------------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | ··· |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Depar | does not meet the applicable statutory filing requirements, tment of State's records. | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/were adopted action was not required. | d by the incorporators, or board of directors without sharehold | er action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were suffice | d by the shareholders. The number of votes east for the amendient for approval. | dment(s) |
| | ed by the shareholders through voting groups. The following: h 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) | |
| MARCII 13,20 Dated |)20 | |
| Signature | estina C gonzalez | <u></u> |
| selected, by | tor, president or other other — if directors or officers have not y an incorporator — if in the hands of a receiver, trustee, or othe iduciary by that fiduciary) | |
| | CRISTINA C GONZALEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |