P20000034253

(Requestor's Name)	
(Address)	1
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GI-COR SERVICE	OS INC	
	BER: P20000034253		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MERLIN VIVAS		
		Name of Contact Person	1
		Firm/ Company	
	120 NW 114TH AVE APT 1		
	Address MIAMI, FL 33172		
		City/ State and Zip Code	2
	VPTECHNIBUSINESS@GN	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MERLIN VIVAS		786 at (616-5009 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



GI-COR SERVICIOS INC

GI-COR SERVICIOS INC	6 , 1/2,	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000034253	atly filed with the Florida Dept. of State) برا	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new name of the corporation:		
	TI.	
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 word	
B. Enter new principal office address, if applicable:	10584 W SAMPLE RD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	CORAL SPRINGS, FL 33065	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10584 W SAMPLE RD	
(Statung duaress MAT BE A FUST OFFICE BUA)	CORAL SPRINGS, FL 33065	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	street address)	
New Revistered Office Address:	. Florida	
3	(City) (Zip Code)	
(Florida s New Registered Office Address:	, Florid	
w Registered Agent's Signature, if changing Registered Ager	**	
I hereby accept the appointment as registered agent. I am familian		
Signature of New	Registered Agent, if changing	

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, 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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Merlin Vivas	120 Nw 114th Ave Apt 101
X Add			Miami, Fl 33172
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- <u>-</u>
6) Change			- -
Add			
Damouro			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
	_		
			
		•	
	· · · · ·		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or indment if not contained	cancellation of issued in the amendment itse	<u>l shares,</u> elf:
			
· · · · · · · · · · · · · · · · · · ·			
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	06/30/2020	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
06/3 Effective date <u>if applicable</u> :	0/2020	
<u></u>	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this b document's effective date on the De		y filing requirements, this date will not be listed as the
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 direc	etors without shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vificient for approval.	otes cast for the amendment(s)
	roved by the shareholders through voting g each voting group entitled to vote separate	
"The number of votes cast	for the amendment(s) was/were sufficient f	or approval
by		
	(voting group)	
06/30/2020		
Dated		
C:	Anux Hemon	
Signature(By a di	rector, president or other officer - if directo	ors or officers have not been
	, by an incorporator – if in the hands of a re	
	ed fiduciary by that fiduciary)	
	GINESA ROMERO MEDERO	
	(Typed or printed name of perso	on signing)
	PRESIDENT	

(Title of person signing)