## P20000034847

(R	equestor's Name)			
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GINOCT TRADIN	IG CORP	
DOCUMENT NUM	BER: P20000034847		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CARLOS A. SILVERIO PER	REZ	
		Name of Contact Pe	erson
	GINOCT TRADING CORP		
		Firm/ Company	,
	6612 ODYSSEY LN # 204 B	LDG 4	
		Address	
;	ORLANDO, FLORIDA 3282	21-7032	
·		City/ State and Zip (	Code
	carlos.ginoct@gmail.com		
	E-mail address: (to be us	sed for future annual re	port notification)
For further informatic	on concerning this matter, please		2711925
	of Contact Person	at ( Area	2711925 a Code & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	An Div Th 24	reet Address nendment Section vision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 810 Illahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	Articles of	f Amendment	
	Articles of	Incorporation of	
GINOCT TRADING CORP			102 1-1
( <u>Name</u>	of Corporation as curre	ently filed with the Florida Dept. of State)	
P20000034847			
	(Document Numbe	er of Corporation (if known)	.78
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, th	his Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	<u>.</u>	
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co".	" "company," or "incorporated" or the abbreviation A professional corporation name must contail A. "	 on "Corp.,"
B. Enter new principal office address,	if annlicable:	6612 ODYSSEY LN #204 BLDG 4	
(Principal office address MUST BE A S		ORLANDO, FLORIDA	
		32821-7032	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6612 ODYSSEY LN #204 BLDG 4	
		ORLANDO, FLORIDA	
		32821-7032	
D. If amending the registered agent at new registered agent and/or the ne		ddress in Florida, enter the name of the	
Name of New Registered Agent	N/A		_
	6612 ODYSSEY LN #2	204 BLDG 4	
į.	(Florida	street address)	-
New Registered Office Address:	ORLANDO	, Florida 32821-79	032
New Negatives Cyree Hadvess.		(City) (Zip C	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		ent: ar with and accept the obligations of the position.	
, , , , , , , , , , , , , , , , , , , ,	<u>.</u>	, , , , , , , , , , , , , , , , , , , ,	
alu alu			
	Signature of Nev	w Registered Agent, if changing	-

Check if applicable

 $\square$  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: PT X Change John Doe $\underline{V}$ Mike Jones X Remove SV<u>X</u> Add Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) CARLOS A. SILVERIO PEREZ 6612 ODYSSEY LN #204 BLDG 4 1) X Change ORLANDO, FLORIDA \_\_ Add 32821-7032 \_\_ Remove FRANK A. VALDES VALDES 6612 ODYSSEY LN #204 BLDG 4 Change ORLANDO, FLORIDA $\_$ .Add32821-7032 Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change \_\_\_ Add \_ Remove 6) \_\_\_\_ Change \_ Add \_\_\_\_ Remove

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. 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)
N/A

The diagram of the second and makes	07/23/2020	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	. It office than de
0° Effective date if applicable:	/23/2020	
Effective date it applicable.	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	narcholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for th sufficient for approval.	e amendment(s)
* *	pproved by the shareholders through voting groups. The folor each voting group entitled to vote separately on the amen	~
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
- 1	(voting group)	
07/23/20	20	
DatedSignature	ione Dalmer Voldes Vo	Indes
(By a selec	director, president or other officer - if directors or officers hed, by an incorporator - if in the hands of a receiver, trustee nted fiduciary by that fiduciary)	
	FRANK A. VALDES VALDES	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	