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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:			_		
DOCUMENT NUMB	ER:			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
-		Name of Contact Person		<del>_</del>		
		Name of Contact Person	n			
-	Firm/ Company					
-		Address	<u></u>			
-		City/ State and Zip Cod	e			
-	E-mail address: (to be us	sed for future annual report	notification)	_		
For further information	concerning this matter, pleas	se call:				
		at (	_)	55	2022 OCT 11	eier w. Wi
Name o	f Contact Person	Area Co	de & Daytime Telephone N	umber 7	8	(1721, p. 1) 
Enclosed is a check for	the following amount made	payable to the Florida Dep.	artment of State:	ARY XXX		Or Just All
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	SSEE, FL	M 8: 57	

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### Articles of Amendment Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State)

# P220000141946 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Example:

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.

X_Cnange	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	P	GATOGAX CORP	3181 W BEQUEED BLVD
Add Remove 2) Change	P	NOLON, EDWORD R Jr.	SUITE 204 FLANTATION, FL 33324 15920 QD 41 PD
Add Remove Change		<del></del>	STE 320 NOPUES, FL 34110
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

	ets, if necessary).	cles, enter change (Be specific)				
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1-1-10	<u> </u>				· ·	
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an amendment pro	ov <u>ides for an exch</u>	nange, reclassificat	ion, or cancellat	ion of issued sha	ires,	
provisions for imple	menting the ame	ndment if not con	tained in the am	endment itself:		
(if not applicable	i, indicate N/A)					
			<u>-</u>			
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neclarate the document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	hareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
by	
Signature  (By a director, president prother officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
JOSE WIS LAIRET	
(Typed or printed name of person signing)	<del></del>
MANAGER (Title of person signing)	
PRES. GATOGOX CORP	