P2200034525

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SECRETARY OF STAIL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TRANSGUIZ INC				
DOCUMENT NUMI	P22000034525		·		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	GUIDO VAJAĐES				
	Name of Contact Person				
••	- -	Firm/ Company	<u> </u>		
	142/00 SW 147TH CT				
	Address				
	MIAMI, FL 33196				
		City/ State and Zip Code	2		
	GUIDOVALDES@YAHOO	.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
GUIDO VALDES		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
	endment Section		Iment Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	01	* ·	
TRANSGUI2 INC		MAY 2U PA 5: 1	
(Name of	Corporation as currentl	v filed with the Edorida Dept, of State)	
222000034525	(Name of Corporation as currently filed with the Faorida Dept. of State) TALLAHASSEF, FI		
	(Document Number o	(Corporation (if known)	
	•	·	
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)	
a. If amending name, enter the new nam	ne of the corporation:		
MOVIGUI2 INC		The new	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	rp," "Inc," or "Co". 2	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if		GUIDO VALDES	
(Principal office address MUST BE A ST)		14200 SW 147TH CT	
		MIAMI, FL 33196	
D. If amending the registered agent and new registered agent and/or the new			
		<u>-</u>	
Name of New Registered Agent	N/A		
-	(Florida sti	eet address)	
	N/A	. Florida ^{N/A}	
New Registered Office Address: `	. <u>-</u>	(City) (Zip Code)	
New Registered Agent's Signature, if chell thereby accept the appointment as registed.	red agent. Tam familiar	: with and accept the obligations of the position. Segistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed put	rsuant 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 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) N/A Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

1	ional sheets, if nece	essary). (Be speci	yic)			
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				<u> </u>	<u> </u>	
					 	
						
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lf an amend	lment provides for	r an exchange, recl	assification, or car	cellation of issued	shares,	
provisions	for implementing	the amendment if	<u>not contained in t</u>	he amendment itse	<u>lf:</u>	
	applicable, indicate	2 N/A)				
(if not a						
(if not a		<u>, -</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	05/18/2022	
The date of each amendmer		, if other than the
date this document was signe-		
Effective date if applicable:	05/18/2022	<u></u>
<u></u>	(no more than 90 days after amendment f	ile date)
	this block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without	t shareholder action and shareholder
	ere adopted by the shareholders. The number of votes east for vere sufficient for approval.	the amendment(s)
	ere approved by the shareholders through voting groups. The led for each voting group entitled to vote separately on the am	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/1	8/2022	
Dated		
a :	, (1)	
Signature _	By a director/president or other officer – if directors or office	rs have not been
	selected, by an incorporator – if in the hands of a receiver, trus	
:	appointed fiduciary by that fiduciary)	
	Suich ValVec	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	