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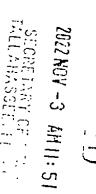
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GG INVESTMEN	TS GROUP INC			
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	GUSTAVO GARRIDO				
	Name of Contact Person				
		Firm/ Company			
	817 SE 2ND AVE UNIT 419)			
		Address			
	FORT LAUDERDALE, FL.	33316			
		City/ State and Zip Code			
	gustavog17@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
GUSTAVO GARRIDO		at (260-4769		
Name	of Contact Person	Area Cod	le & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)		
Amo Divi P.O	ding Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amendi Division 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

GG INVESTMENTS GROUP INC

(Name of Corporation as	currently filed with the F	lorida Dept. of State)
P22000051362		
(Document?	Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Con	rporation adopts the following amendmen
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbreviation	"Co". A professional coi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	(Cuy)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office 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. Ti 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 Cl Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe			
\underline{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) Change	VP	YERALDINA C HICIANO	817 SE 2ND AVE UNIT 419		
X Add			FT LAUDERDALE, FL 33316		
Remove					
2) Change		<u> </u>			
Add					
Remove 3) Change					
Add			 		
Remove					
4) Change		 			
Add					
Remove			 		
5) Change		<u> </u>			
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary),	(Be specific)	
<u>-</u>		
		
		
		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		

	other th
date this document was signed.	
Effective date <u>if applicable</u> :	
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 not be document's effective date on the Department of State's records.	listed
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	older
☐ 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	
October 25th, 2022 Dated Signature	
(By) director, president or other 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)	
GUSTAVO GARRIDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	