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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	TRANSVALER G	ROUP INC	
DOCUMENT NUMBER: P2	2000057593		
The enclosed Articles of Amen		bmitted for filing.	
Please return all correspondenc	e concerning this ma	itter to the following:	
		Name of Contact Perso	on
FIVE A	& ASSOCIATES		
		Firm/ Company	
8360 W	OAKLAND PARK	BLVD SUITE 113	
		Address	
SUNRIS	SE, FL 33351		
		City/ State and Zip Coo	le
INFO@	HIVE-AS.COM		
E-n	mil address: (to be u	sed for future annual repor	t notification)
For further information concern	ning this matter, plea	se call:	
ALVARO TRUJIELO		at (5885183
Name of Contac	Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the foll	wing amount made	payable to the Florida Dep	partment of State:
-	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C P.O. Box 633 Tallahassee,	Section Torporations 27	Amen Divisi The C 2415	t Address dment Section on of Corporations Lentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303

Articles of Amendment to Articles of Incorporation of

TILED

2022 OCT 18 PH 4: 07 TRANSVALER GROUP INC (Name of Corporation as currently filed with the Florida Dept. of State) P22000057593 (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/pr the new registered office address: Name of New Registered Agent ___ (Florida street address) New Registered Office Address: _ (Zip Code) 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)

Please note the officer/director litle 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	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	$\frac{SV}{}$	Sally Smith	
Type of Action (Check One)	Tiule	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CABALLERO, ELIZABETH	14946 SW 23 STREET
Add			MIAMI, FL 33185
X Remove			
2) Change	P	JGO GLOBAL INC	40 E MAIN ST UNIT 814
X Add			NEWARK, DE 19711
Remove Change			
Add			
Remove			
4) Change	-		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change	+		· · · · · · · · · · · · · · · · · ·
Add			
Remove			

(Attach additional sheets, if	litional Articles, enter change(s) here: recessary). (Be specific)
_	
	
	
	
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	<u> </u>
II an amendment provides	for an exchange, reclassification, or cancellation of issued shares,
provisions for implement	ng the amendment if not contained in the amendment itself:
(if not applicable, indi	tate N/A)
_	
 	
· · · · · · · · · · · · · · · · · · ·	
<u>-</u>	

The date of each amendment(10/12/2022 adoption:	, if other than
date this document was signed.	0/12/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	2077
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	OCT TO
by	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval (voting group) (voting group)	8 PH
10/12/2 Dated	022	ان ان
Signature	Ellis hat	-
(By	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	ELIZABETH CABALLERO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

the

the