Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000185523 3)))

	H240001855233.	ABC/		
Note: DO NOT h	t the REFRESH/RELOAD b Doing so will generate and	outton on your browser f other cover sheet.	from this page.	
	ion of Corporations umber : (850)617-6380		2	*
Accou Accou Phone	nt Name : GG CONSULTING nt Number : I20210000143 : (786)631-8656 umber : (786)360-4066	SERVICES CORP	<u></u>	
**Enter the ema annual rep Email Addr	il address for this busine port mailings. Enter only ess:	ess entity to be used one email address plea	for future ase. **	1
COR A	MND/RESTATE/CORR PRO TRANSLATION (* ALVERYA * 1 * 2 * 2
l <u>=</u>	tificate of Status tified Copy	0	SIMIE STATE	- <i>O</i>
	e Count mated Charge	01 \$35.00		

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 2 8 2024

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FRU	I KANSUAT	ON OFFICE CORP		_		
DOCUMENT NUMB	ER: P22000080	900					
The enclosed Articles	of Amendment at	nd fee are sul	omitted for filing.				
Please return all corres	pondence concer	ning this ma	ter to the following:				
	ORLANDO 1 GO	ONZALEZ					
-	GG CONSULTE	NG SERVIC	Name of Contact Persons	on	<u> </u>		
-		TO SERVIC					
	063600000		Firm/ Company				
-	95 MERRICK W	AY. THIRL	FLOOR. SUITE 300				
			Address		_		
	CORAL GABLE	S, FL 33134					
			City/ State and Zip Cod	de			
(OGONZALEZ@	GGCONSU	LTINGSERVICES.COM				
_			d for future annual repor				
		•	•	, , ,			
Por further information	concerning this r	matter, pleas	call:		- (*)	2021	
ORLANDO J GONZA	LEZ		at (2024 ዘልሃ 24	
Name of	Contact Person		Area Co	xde & Daytime Telephone Nur	nber	24	1
Enclosed is a check for	the following am	ount made n	ayable to the Florida Dep	entment of State			
		, ,	-, ,or. 	and of the contract of the con	, 1	PH	
S35 Filing Fee	□\$43.75 Fili Certificate		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	FATE	կ ։ 38	
Amen Divisi P.O. E	ng Address dment Section on of Corporation Box 6327 assee, FL 32314	ns	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Articles of Amendment Articles of Incorporation

	ATION OFFICE	

PRO TRANSLATION OFFICE CO.	RP			
	me of Corporation as currently filed	with the Florida Dept. of State)	,
P22000080900				
	(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section its Articles of Incorporation:	507.1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the fi	ollowing amendme	nt(s) to
A. If amending name, enter the ne	w name of the corporation:			
PRO TRANSLATIONS OFFICE CO	RP		(c ^m)	
name must be distinguishable and con "Inc.," or Co.," or the designation "chartered," "professional association	tain the word "corporation," "compan, "Corp," "Inc," or "Co". A profes on," or the abbreviation "P.A."	y," or "incorporated" or the abb ssional corporation name must	The new reviation "Corp.," contain the word	
B. Enter new principal office addre (Principal office address MUST BE	ns. if applicable: A STREET ADDRESS)			
				
C. Enter new mailing address, if a (Mailing address MAY BE A PO.	pplicable: ST OFFICE BOX			
D. If amending the registered agent new registered agent and/or the	and/or registered office address in F	lorida, enter the name of the		ۇ ئ سىسى
	**************************************		24	Ī
Name of New Registered Age	<u>nt</u>			1
	ATT 11		PM	
	(Florida street addre N/A	<i>(35)</i>		
New Registered Office Addre	r:	, Florida	<u>. tij</u> 20	
	(City)		(Zip Code)	
New Registered Agent's Signature, j	Changing Registered Agent:			
I hereby accept the appointment as reg	ristered agent. I am familiar with and	accept the obligations of the pos	ition.	
	·			
	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 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	PT 1	ohn Doe	
X Remove	· <u>V</u>	Aike Jones	
X Add	<u>sv</u> <u>s</u>	 Sally Smith 	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

E NEW NAME OF THE CO	DRPORATION IS PRO TRANSLATIONS OFFICE CORP.	
	The first that the state of the court	
		<u> </u>
f an amendment provides fo	or an exchange, rechassification, or cancellation of issued shares,	
provisions for implementing (if not applicable, indica	E UIC SMENGMENT II not contained in the amendment itself.	
(у погаррисион, таки	ie iva)	
		_
		<u> </u>
		-
	· · · · · · · · · · · · · · · · · · ·	
		-
	I	

701	MAY 23, 2024
The date of each amendment(s) adoption:, if other than the
date this document was signed.	,
Effective date if applicable:	MAY 23, 2024
Chocare date it applicable:	(
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ 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 cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
	and the same same same same same same same sam
by	н
	(voting group)
· ~	
05/23/20 Dated	722
Signature	19 20 000
(By ı	director, president or other officer - if directors or officers have not been
\$clc;	ted, by an incorporator – if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	VERONICA PATRICIA PARRA RIVERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)