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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (385)599-8839 Fax Number : (305)592-9591

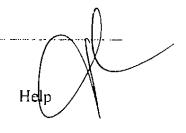
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COR AMND/RESTATE/CORRECT OR O/D RESIGN GYB, INC.

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November 15, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

GYB, INC.

1923 NE 164 STREET

NORTH MIAMI BEACH, FL 33162

SUBJECT: GYB, INC. REF: P9900033353

We received your electronically transmitted document. However, the mind document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

Please indicate the name(s) of each voting group(s) entitled to vote on the amendment.

Please chaeck the secind box under adoption of amendment OR provide the name of each voting group if you are checking the third box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

FAX Aud. #: H24000379152 Letter Number: 024A00025027

Articles of Amendment to Articles of Incorporation of

GYB, INC.					
(Name P99000033353	of Corporation as current	ly filed with the Fiorida D	ept. of State)		
P99000033333					
	(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following	amendment(s	i) to
A. If amending pame, enter the new p	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association, B. Enter new principal office address, (Principal office uddress MUST BE A S	Corp," "Inc," or "Co". / " or the abbreviation "P.A." <u>If applicable:</u>	A professional corporation	d" or the abbreviation	The new "Corp" the word ON NOV	
C. Enter new malling address, if anni (Malling address MAY BE A POST	licable <u>;</u> OFFICE BOX)		ř	PRIZE STATE	
D. If amending the registered agent an new registered agent and/or the new			same of the		
Name of New Registered Agent	OLEG BEKER	-			
	1800 NE 171 STREET				
	(Florida str	eet oddress)			
New Registered Office Address:	NORTH MIAMI BEACH		, Florida		
HEW REVISIETED OFFICE HOLDTESS.		(City)	Zip Cod	de)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		vith and accept the obligation			
	Signature of New Re	egistered Agent, if changing	-		
Check if applicable The amendment(s) is/are being filed pr	•				

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 John	<u>a Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTS	MARINA COPPENS	1800 NE 171 STREET
Add			NORTH MIAMI BEACH, FE-3316
X Remove			
2) X Change	PYST	OLEG BEKER	1800 NE 171 STREET # 5
Add			NORTH MIAMI BEACH, والمقادة المقادة ا
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·····	
Add			
Remove			
(i) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

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emendment provides for an exchange, reclassification, or cancellation of issued shares,		
sions for implementing the amendment if not contained in the amendment itself:		
if not applicable, indicate N/A)		

The date of each amendment(s) ad	option:, if o	ther than t	the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this ble document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	listed as t	he
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	oted by the incorporators, or board of directors without shareholder action and shareh	older	
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for	or the amendment(s) was/were sufficient for approval		
by	" A	2024 NOA 1202	
	(voting group)	Š	
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11/12/2024 Dated		•	3
Signature	Olaz Befer		
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	12: 03	***************************************
o	LEG BEKER		
	(Typed or printed name of person signing)		
PI	RESIDENT		
_	(Title of person signing)		