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AUG 14 2017 S. YOUNG



COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ GAP FORWARDING, INC. DOCUMENT NUMBER: M56888 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OLIVER J. LANGSTADT, ESQ Name of Contact Person OLIVER J. LANGSTADT, P.A. Firm/ Company 1108 PONCE DE LEON BOULEVARD Address CORAL GABLES, FL 33134 City/ State and Zip Code LANGSTADT@LANGSTADTLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **OLIVER J. LANGSTADT** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fcc ☐\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GAP FORWARDING, INC			
(Name of Corporation	as currently filed wi	th the Florida Dept. of State)	1
M56888			
(Documen	it Number of Corporat	ion (if known)	· · · · · ·
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this <i>Florida P</i>	rofit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
			71
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A j		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESS</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 new registered agent and/or the new registered of	l office address in Flo fice address:	orida, enter the name of the	
Name of New Registered Agent			55 T
	(Florida street address	,	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	m familiar with and a		sition.
Signati	ire of New Registered	Agent, if changing	

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)

Evamela.

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	SEC	BEATRIZ O'GRADY	11411 NW 107 STREET
Add			SUITE 24
X Remove			MIAMI, FL 33178
2) Change	SEC	WINSTON SIMMONDS	11411 NW 107 STREET
X Add			SUITE 24
Remove			MIAMI, FL 33178
3) Change			
Add			
Remove			•
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
6) Change			
Add			
Remove			

Attach	iding or adding additional sheets	if necessary).	(Be specific)	<u>(e(s) here</u> :			
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lf an ai	mendment provi	des for an exch	ange, reclassific	ation, or cancel	lation of issued	shares,	
<u>provis</u> (i)	sions for implem f not applicable.	enting the amei indicate N/A)	ndment if not co	ntained in the a	mendment itsel	<u>(;</u>	
							_
· <u>-</u>							

	JULY 31, 2017	
The date of each amendment date this document was signed		, if other than the
n en de la completa del completa de la completa del completa de la completa del completa de la completa del completa de la completa del completa de	JULY 31, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s).	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUG Dat e d	UST 3, 2017	
Signature	San	
	By a director, president or other officer – if directors or officers have not been	_
	elected, by an incorporator + if in the hands of a receiver, trustee, or other court	
8	ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	· == 10
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	