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APR 2 1 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NOEL E. ESCOBAR SR Name of Contact Person ACCOUNTANT Firm/ Company 4420 S.W 77TH AVENUE Address DAVIE, FLORIDA 33328 City/ State and Zip Code INFO@SOUTHGATETRUCKING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NOEL E. ESCOBAR SR-ACCOUNTANT Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
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Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status Certified Copy (Additional copy is certified Copy enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

X-MAIL, CORP

(Name of Corporation as currently filed with the Florida Dent. of State)

	P00000030711	
(Docume	nt Number of Corporation (if known	n)
ursuant to the provisions of section 607.1006, Florida 5 Articles of Incorporation:	Statutes, this Florida Profit Corpora	ation adopts the following amendment
If amending name, enter the new name of the corp	poration:	
		The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the al	"Inc," or "Co". A professional of	
Enter new principal office address, if applicable:		79-129
Principal office address <u>MUST BE A STREET ADDR</u>	(ESS)	7 - 17 20 - 14
		元 第2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	'i	
(Mailing duaress MAT BE A POST OFFICE BOA	, <u></u>	P
		, jae Lias vola
If amending the registered agent and/or registered new registered agent and/or the new registered of		he name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(Florida street address)	, Florida

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	ISMAIL UZGIDEN	1309 SE 1ST STREET
Add			POMPANO BEACH, FLORIDA
Remove			33060
2) X Change	VP	WILLIAMS TOUZA	2401 NW 30 AVENUE
Add		,	MIAMI, FLORIDA 33142
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•	· 	
Add			
Remove			
6)Change		_	
Add			
Remove			

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)			
		····			
	•				
provisions for	nt provides for an exclimplementing the ame licable, indicate N/A)	nange, reclassifica andment if not con	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	

	APRIL 6, 2016	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
-	AP[RIL 6, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date wie Department of State's records.	III not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e 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 votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	4/12/16	
Signature		
se	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ISMAIL UZGIDEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	