

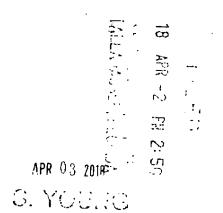
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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GLOMAR INTER	NATIONAL CORP			
DOCUMENT NUM	BER: P00000055468				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	LUZ MARINA HERNANDI	EΖ			
		Name of Contact Persor	11		
	ACCOUNTING & INCOME TAX SERVICES CORP.				
	<del></del>	Firm/ Company	<del> </del>		
	5532 SW 164TH PLACE				
	Address				
	MIAMI, FL 33185				
		City/ State and Zip Cod	e		
GLC	MARINTL@GMAIL.COM				
	<del>-</del>	sed for future annual report	notification)		
For further information	on concerning this matter, pleas		302-7663		
Name	of Contact Person	Area Co	) 302-7663 de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made				
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations i Building Executive Center Circle issee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

GLOMAR INTERNATIONAL CORP.	
	ently filed with the Florida Dept. of State)
P0000005468	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	ntion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	, <u>, , , , , , , , , , , , , , , , , , </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	$V_{ij} = \overline{\hat{V}}_{ij}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFF!CE BOX)	,
(Statung address MAT BE A FOST OF F.CE BOX)	
	<u>. (1</u>
	, , , , , , , , , , , , , , , , , , ,
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr	ress:
Name of New Registered Agent	
of loride	a street address)
New Registered Office Address:	Ciry , Florida (Zip Code)
	(A.A.)
	,
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the position.
. , ,,	I was a second from the
Signature of Ne	w Registered Agent, if changing

If amending the Officers and/or Directors, onter 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= Fice 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>PL</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	JAIME GIL	14300 SW 92ND ST
Add			MIAMI, FL 33186
X Remove			
2) Change	P	MARTA H. GIL	14300 SW 92ND ST
X Add			MIAMI, FL 33186
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
	·
	<del> </del>
	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s date this document was signed.	) adoption:	, if other than th
Effective date if 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 Department of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHEC</u> K O <u>NE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	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 <u>03</u> Signature	128/18 Darfa H IZD	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	MARTA H. GIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	