## 100000064243

(Re	equestor's Name)	
(Ad	idress)	
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(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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GEORETARY OF STATE
TALLAHASSEE F STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	GUSGAREZ INC
DOCUMENT NU	MBER:	P00000064243
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.
Please return all co	orrespondence concerning th	is matter to the following:
		ELIANA GARCIA
	Ŋ	Name of Contact Person
		GUSGAREZ INC
		Firm/ Company
	2910	LOCHCARRON DR
		Address
	LAND O	LAKES, FLORIDA, 34637
	C	City/ State and Zip Code
	gigtrans E-mail address: (to be use	sport@yahoo.com ed for future annual report notification)
For further inform	ation concerning this matter,	please call:
E	LIANA GARCIA	at ( 727 ) 656-0268
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Department of State:
□ \$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation of	PILED
GUSGAREZ,INC .	- SEC 21 AMIC
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHARY DE
P0000064243	STATE
(Document Number of Corporation (if known)	-ORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

GIG	TRANSPORT INC	The ne
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or "Co	o". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. <u>If amending the registered agent and/</u>	or registered office address in Florida.	, enter the name of the
D. If amending the registered agent and/ new registered agent and/or the new r		enter the name of the
		enter the name of the
new registered agent and/or the new r	registered office address: ELIANA GARCIA	enter the name of the
new registered agent and/or the new r	registered office address:	enter the name of the
<u>Name of New Registered Agent:</u>	ELIANA GARCIA  2910 LOCHCARRON DR	
new registered agent and/or the new r	ELIANA GARCIA  2910 LOCHCARRON DR  (Florida street address)	, Florida 34637 (Zip Code)
new registered agent and/or the new r  Name of New Registered Agent:  New Registered Office Address:	ELIANA GARCIA  2910 LOCHCARRON DR  (Florida street address)  LAND O LAKES  (City)	, Florida 34637
Name of New Registered Agent:	ELIANA GARCIA  2910 LOCHCARRON DR  (Florida street address)  LAND O LAKES  (City)  nging Registered Agent:	, Florida 34637 (Zip Code)

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	GUSTAVO GARCIA	2910 LOCHCARRON DR LAND O LAKES, FL, 34637	_ □ Add □ ☑ Remove
<u>P</u>	NHORA ACOSTA-GARCIA	2910 LOCHCARRON DR LAND O LAKES, FL, 34637	□ Add ☑ Remove
<u>P</u>	ELIANA GARCIA	2910 LOCHCARRON DR LAND O LAKES, FL, 34637	
(attach a ADD NE	ding or adding additional Articles, entered difference of the special	cific) TION, ADD ERNESTO SAMF	PER AS VP
provisi	mendment provides for an exchange, reions for implementing the amendment in not applicable, indicate N/A)		

The date of each amendmen	nt(s) adoption: 12/18/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no mòre than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemed led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/waction was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_12/	18/2009
Signature _	2 mhoradedoras S
(B sei	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	NHORA ACOSTA-GARCIA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)