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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Latin Gate Custom	s Brokers Inc				
DOCUMENT NUMB	P01000010222					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Nilda Sierra					
•		Name of Contact Person	3			
	Latin Gate Customs Brokers Inc.					
-	·	Firm/ Company				
	13831 SW 59 Street Suite 103					
•	Address					
	Miami, Fl. 33183					
-	City/ State and Zip Code					
nildas	ierra@latingatechb.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	e call:				
Nilda Sierra		at (<u>305</u>				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:			
□ \$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	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida Dept. of State)	
Latin Gate Customs Brokers Inc		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amend	iment(s) to
A. If amending name, enter the new name of the cor	poration:	
	The	
	"corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contain bbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	_
		_
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	~~
		<u> </u>
	<u> </u>	
D. If amending the registered agent and/or registere		70 T
new registered agent and/or the new registered of	Tilee address:	PH 2:
Name of New Registered Agent	<u> </u>) (
	**************************************) (
	(Florida street address)	
New Registered Office Address:	, Florida	_
	(Ση Εσιε)	
New Registered Agent's Signature, if changing Regis		
hereby accept the appointment as registered agent.	am familiar with and accept the obligations of the position.	
Signal	ture 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)

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VT		Miguel Sierra	13831 SW 59 Street Suite 103
x Add				Miami, Fl. 33183
Remove				
2) Change				
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				-
Add				
Remove				
6) Change		-		
Add				
Remove				

If amending or adding additional A Attach additional sheets, if necessar	v). (Be specific)			
•				
If an amendment provides for an enterprovisions for implementing the a (if not applicable, indicate N/A)	mendment if not co	ation, or cancellation ntained in the amend	of issued shares, Iment itself:	
			, <u> </u>	
				·

July 6,2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	1. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(voting group)	7.
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07-11-16 Dated	
Signature Nilda Sillia	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Nilda Sierra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	