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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	KATION.	IMPORTS INC	
DOCUMENT NUM	BER: P0100002679	9	
	of Amendment and fee are sul		
Please return all corre	spondence concerning this mat	ter to the following:	
	ISABEL E TORIB		
	BAY GULF IMPO	Name of Contact Person	
		Firm/ Company	
	5911 N FLORIDA	AVE	
	TAMPA, FL 3360	Address 4	
		City/ State and Zip Code	
ISA	ABEL531@VERIZO	ON NET	· . · .
107		ed for future annual report	notification)
For further information	n concerning this matter, please	,	
ISABEL E TO	ORIBIO	at (813	, 236-1458
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Florida Depar	riment 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)
Am Divi P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton	Address nent Section of Corporations Building secutive Center Circle
		Tallaha	ssee, F1, 32301

to Articles of Incorporation

GULF IMPURIS INC		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	 •
000026799		
Decement Number of Corneration (if	known)	

(Document Number of Corporation (i	if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following	amendment(s) to
N/A	and the second s	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or " word "chartered," "professional association," or the abbreviation	m," "campany." or "incorporated" or the abb "Co". A professional corporation name must co	reviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		,
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered of fice address		
Name of New Registered Agent N/A		A JA JA
(Florida str	rees address)	-6 -6 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7
New Registered Office Address:	, Florida	er s
ι Ciţŷ	(Zip Code)	OF STATE OF ON A FID AM II: 47
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t		

Signature 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 hold. 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	PT	John Doc		
X Remove	<u>v</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	V	ISABEL E TORI	BIO	18804 CHEMILLE DR
Add				LUTZ, FL 33558
Remove				
2) Change	<u></u>			
∧dd				
Remove				
3) Change	····			
Add		·		
Remove				
4) Change				
Add				
Remove				
5) Change				
LbA			<i>.</i> .	
Remove				No. of the second section of the section of the second section of the sectio
δ) Change			,	
Add				ر استونیزیزید استوان بر
Remove				*

If amending or adding additional Articles, enter change(s) Attach additional sheets, if necessary). (Be specific)	<u>here</u> :
'A	
f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain (if not applicable, indicate N/A)	n, or cancellation of issued shares, ned in the amendment itself:
	_

The date of each amendment(s) adoption: DECEMBER 1, 2013	, if other than the
date this document was signed.	
Effective date if applicable: DECEMBER 1, 2013	·
(no more than 90 days after amendment file date)	
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"	
(voting group)	
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.	:
Dated_DECEMBER 30, 2013	
Signature Tack	
(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)	
CESAR M TORIBIO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	personnel de la constant de la const