70800034279

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
,		
•		,

Office Use Only



900236760019

07/02/12--01030--026 **35.00

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: LYSLEI CHIRICO (Name of Contact Person) ELO ENTERPRISES, INC (Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) (ElO@ELOENTERPRISES.US** E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Division of Corporations				
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LYSLEI CHIRICO (Name of Contact Person) ELO ENTERPRISES, INC (Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status Certified Copy (Additional copy is Enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Analyses Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	NAME OF CORPORATION: AGS CAP	RGO USA	, INC		
Please return all correspondence concerning this matter to the following: LYSLEI CHIRICO (Name of Contact Person) ELO ENTERPRISES, INC (Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status (Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314	DOCUMENT NUMBER: P08000034	279			
(Name of Contact Person) ELO ENTERPRISES, INC (Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) (Area Code & Daytime Telephone Number) Binclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Area Code & Certificate Of Status Certificate Of Sta	The enclosed Articles of Amendment and fee are subr	mitted for filing.			
(Name of Contact Person) ELO ENTERPRISES, INC (Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Sinclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Name of Contact Person) (Additional Copy is Enclosed) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Please return all correspondence concerning this matte	er to the following:			
(Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES: US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) Inclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Firm/ Company) (Address) Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	LYSLEI CHIRICO				
(Firm/ Company) 4700 NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES: US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) (Afrea Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: Stock for the following amount made payable to the Florida Department of State: Certified Copy (Additional copy is Certified Copy (Additional copy is Enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Exceptive Center Circle Tallahassee, FL 32301		(Name of Contact Per	rson)		
ATOO NW BOCA RATON BLVD STE 202 (Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US* E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (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: Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Address) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ELO ENTERPRISES, IN	IC			
(Address) BOCA RATON, FL 33431 (City/ State and Zip Code) ELO@ELOENTERPRISES.US* E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (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: Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (Address) Street Address Amendment Section Division of Corporations Clifton Building Centificate Center Circle Tallahassee, FL 32301		(Firm/ Company))		
(City/ State and Zip Code) ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (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: S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Certificate of Status Certificate of Status Certificate Copy (Additional copy is Enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	4700 NW BOCA RATON	BLVD S	ΓE 202		
City/ State and Zip Code		(Address)			
ELO@ELOENTERPRISES.US E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: (Additional Department of State: (Additional Copy (Status Certified Copy (Additional Copy is enclosed)	BOCA RATON, FL 3343	1			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYSLEI CHIRICO (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: \$35 Filing Fee			tarrere		
Street Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 Tallahassee, Ta	ELO@ELOENTERPRISES.US				
(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: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number) (Additional Department of State: (Area Code & Daytime Telephone Number) (Additional Department of State: (Area Code & Daytime Telephone Number) (Additional Department of State: (Area Code & Daytime Telephone Number) (Additional Copy is Enclosed)	E-mail address: (to be used	for future annual repo	ort notification)		
(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: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: (State: (Additional Copy is Certificate of Status (Additional Copy is Certificate of Status (Additional Copy is Enclosed) (Additional Copy is Enclosed) (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Enclosed)	For further information concerning this matter, please	call:			
Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee	LYSLEI CHIRICO	_{at (} 561	, 544-8862		
### \$35 Filing Fee ### Certificate of Status S43.75 Filing Fee ### Certificate of Status	(Name of Contact Person)	(Area	Code & Daytime Telephone Number)		
Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is Certified Copy (Additional Copy is Enclosed) (Additional Copy is Enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Certified Copy Certificate of Status (Additional copy is Enclosed) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Enclosed is a check for the following amount made pay	yable to the Florida D	epartment of State:		
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy is		
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divi Clifi 266 Tall	endment Section sion of Corporations ton Building 1 Executive Center Circle ahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF AGS CARGO USA, INC P08000034279

SECRETARY OF JAMES I

PURSUANT TO THE PROVISIONS OF SELECTION 607.1006, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

FIRST:

AMENDMENT ADOPTED:

1. THE NEW BOARD OF DIRECTORS:

New Secretary: Nathalie Diaz

IF AN AMENDMENT PROVIDES FOR AN EXCHANGE, RECLASSIFICATION OR CANCELLATION OF ISSUED SHARES, PROVISIONS FOR IMPLEMENTING THE AMENDMENT IF NOT CONTAINED IN THE AMENDMENT ITSELF, ARE AS FOLLOW.

THE DATE OF EACH AMENDMENT'S ADOPTION: June 19th, 2012

ADOPTIONS OF AMENDMENTS:

THE AMENDMENT (S) WAS/WERE ADOPTED BY THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER ACTION AND SHAREHOLDER ACTION WAS NOT REQUIRED.

___X____THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT(S) WAS/WERE SUFFICIENT FOR THE APPROVAL.

THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS THROUGH VOTING GROUPS. (THE FOLLOWING STATEMENT MUST BE SEPARATELY APPROVED FOR EACH VOTING 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)

SIGNED THIS:

B.

Alexandre Gulla President