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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Global NETWORKS SYSTEM BULINES INC. DOCUMENT NUMBER: PO 9 0 0 0 6 9 7 0 7 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roborto GutiExAE3 6/062/ Notworks System Unline, INC OTTOWA DUE 11726 Address Onen Nov , Fl 32837

City/ State and Zip Code ROberto. 9123 @ YAHOO. WM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (407) 244 - 6109

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently fi	iled with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	Corporation (if known) Corporation (if known) Corporation adopting following the following following the following
A. If amending name, enter the new name of the co	orporation:
	The new
	ord "corporation," "company," or "incorporated" or the nation "Corp," "Inc," or "Co". A professional corporation all association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable	: 11726 OTTAWA DUE
(Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X) 11726 OTTAWA AUE UNLANON, FL 32837
	UALANOS, A 32837
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent:	11726 OTTAWN DUE
New Registered Office Address:	(Florida street address)
	OLIPWIN Florida 32837 (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	tistered Agent: I am familiar with and accept the obligations of the position.

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
VP_	MANIO RUIZ	SOZS S. UNDRY AVE UN NOROW, FI 32804	_
P	Gerany Hugley	ZSIB BROOKSTOPE OF. KISSIMMER, FLBYTYY	_
			_
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spe		
provis	mendment provides for an exchange, resident implementing the amendment in not applicable, indicate N/A)		

The date of each amendment(s) adoption	n: DECEMBER 28, 2009
Effective date if applicable:	n: DECEMBER 28, 2009 (date of adoption is required) DECEMBER 28, 2009 Than 90 days after amendment file date)
(no more t	han 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement poting 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 gro	<i>pup)</i> ."
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted be action was not required.	by the incorporators without shareholder action and shareholder
Dated 12 / 28 / 0-	9
Signature(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court chary by that fiduciary)
	Ruberto GutiExités
	(Typed or printed name of person signing)
	Trepuncs Title of person signing)
	itle of person signing)