## P11000012582

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C. LEWIS

SEP 1 7 2013

EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: GMIT TYCHIS POYT
DOCUMENT NUMBER: <u>P11000012582</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Geides Duar-le  Name of Contact Person
Firm/Company 2512 W. Aladella St  Address  Tya FL 32607
City/ State and Zip Code
Geides Duarte a1(813) 506-9765
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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

FILED

	of .	· · · · · · · · · · · · · · · · · · ·
GMI Transpo	ort Inc.	13 SEP -9 PM 1: 39
(Name of Corporation as currently filed with	the Florida Dept. of State)	
PIDANE	11582	SECRETARY OF STAGE TABLADASSEE, FLORIDA
(Document Number of Corporat	ion (if known)	
(Socialism Hamber of Corporat	ion (ii kilowii)	
rsuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	, this <i>Florida Profit Corporati</i>	on adopts the following amendment(
If amending name, enter the new name of the corporation	<u>n:</u>	
<b>NI/</b>		The man
me must be distinguishable and contain the word "corpo	oration " "company " or "in	The newThe new
Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc,"	or "Co". A professional co	rporation name must contain the
ord "chartered," "professional association," or the abbrevia	tion "P.A."	
Enton new natural office address if annillable	<b>λ</b> ι 1	A
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS		
(Michael System and Company of the C		
Fater 20 11 16 11 11		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(maining data ess MATT BEAT OST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered office	address in Florida, enter the	e name of the
new registered agent and/or the new registered office ad		<u> </u>
Elimonto.	112 1221	<b>~</b> :
Name of New Registered Agent 11/2010	ean acosa	7_
2512 \	12 Abdalla 2	<i>†</i>
(Flori	ida street address)	<del></del>
	1	020-7
New Registered Office Address: \	<u>L,</u> Flo	orida <u>3360 -</u>
•	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered A	Agent:	
hereby accept the appointment as registered agent. I am fam	iliar with and accept the oblig	ations of the position.
4. 6		
Signature of New Regist	and American if about in	
MERCHANTE OF MEW REGINE	стей луена, и спапуту	

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: $\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	7	Gesidys Duarte	
Add		•	Tpa PL 33607
Remove			
2) Change	F	Etizabeth Stosla	2512 W. Abdella S
X Add		•	Tpafl 33607
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additiona	adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
	A) [A
	14   2
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<u> </u>	
<del>3</del>	Amenda for an in the state of t
rovisions for i	t provides for an exchange, reclassification, or cancellation of issued shares, mplementing the amendment if not contained in the amendment itself:
(if not appl	cable, indicate N/A)
λ	
	J / -
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adopt date this document was signed.	tion: NA	if other than t	he
Effective date <u>if applicable</u> :	(no more than 90 days a	13 SEP - 9 PM 1: 39  Ifter amendment file date, IF STATE  TAIL WHASSEE, FLITTINA	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	· (1974	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number ient for approval.	r of votes cast for the amendment(s)	
☐ The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through vot th voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were suffici	ent for approval	
by	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shar	reholder action and shareholder	
Dated	1.13		
selected, by	tor, president or other officer – if of y an incorporator – if in the hands fiduciary by that fiduciary)	lirectors or officers have not been of a receiver, trustee, or other court	
<del></del>	Gendus (Typed or printed n.	ame of person signing)	
	7		
	(Title of per	rson signing)	