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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GALLUS CORP DOCUMENT NUMBER: P110000 20731
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERTO MACHO
Name of Contact Person
UHY MACHO & ASOCIADOS
Firm/ Company
VHY MACHO & ASOCIADOS Firm/Company 777 BRICKELL AVE #1210
Address
MIAMI FL. 33131 City/ State and Zip Code
RMACHO DUHY-MACHO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERTO MACHO 1 at (305) 503, 2700 Name of Contact Person 1 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Finaloged is a check for the following amount made navable to the Florida Department of State:

Mailing Address
Amendment Section

\$35 Filing Fee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

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UI 15 MAY 30 PM 5: 17

Articles of Amendment

Articles	of	Incorporation
		of

^	Articles of Incorpora	tion			
	of of				
(DALLUS (ORP				
(Name of Corporation	on as currently filed	with the Florida I	Dept. of State)		
P11000	7060	31			
(Docum	ent Number of Corpo	ration (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	Profit Corporatio	n adopts the follo	owing amendm	ent(s) to
A. If amending name, enter the new name of the co	rporation:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation or the designation or the designation."	" "Inc," or "Co". A				n
B. Enter new principal office address, if applicables (Principal office address <u>MUST BE A STREET ADD</u>	<u> </u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) .	<u></u>				
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter the i	name of the		DIVISION SECTI
Name of New Registered Agent	•				
				ين	- «زيت ع نتر
	(Florida street addre	ess)		— <u> </u>	35
New Registered Office Address:			, Florida	T.	200
	(City)		(Zip Code)	RATER
New Registered Agent's Signature, if changing Reging hereby accept the appointment as registered agent.		accept the obligat	ions of the positi	on.	<i>U</i>
Siano	ture of New Registere	d Agent if changir	10		

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: <u>X</u> Change	PT	John Doe	
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	P	MACHO, ROBER	
Add			# 800
Remove			MIANI FL. 33131
2) Change	D	CONTE ALDO	LOS ALGARROBOS 1085
X Add		,	SANJSIDEO, 1443
Remove	7	0 0 10000	BUENDS AZRES, ARGIENTINA
3) Change	<u> </u>	CONTE, MARCEL	
X Add			SANISTORO 1643 BUENOS ATRES, ARCIENTEN
Remove			TO CONTRACTOR IN
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	•
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, the document's effective date on the Department of State's records.	is date 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 amendm by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated $\frac{5/23}{7}$	
Signature (By a director, pres/dent or other officer – if directors or officers have not be	een
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
ROBERTO MACHO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	