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AMEND

16 NOV -7 PH 3: 42 SECRETALY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEWGEX INTE	RNATIONAL COMPANY
DOCUMENT NUMBER: P11000044090	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
HELOISA G GASPAR	
	Name of Contact Person
NEWGEX INTERNATION	NAL COMPANY
	Firm/ Company
2801 NW 74TH AVENUE	• •
	Address
MIAMI, FL 33122	
	City/ State and Zip Code
heloisa@newgex.net	\int .
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple HELOISA G GASPAR	ase call:at ()
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	•
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

N	JEWCEY	INTEDI	LAMONTAL	.COMPANY
r	NEWLEX	INTER	VATIONAL	. COMPANY

(<u>Name o</u>	f Corporation as currei	ntly filed with the Florida	a Dept, of State)		
P11000044090					
	(Document Number	of Corporation (if known))		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporat</i>	tion adopts the following ame	ndmer	ıt(s) to
A. If amending name, enter the new na	me of the corporation:				
N/A			The	пеш	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or	· "Co". A professional co	ncorporated" or the abbrevi	iation	
B. Enter new principal office address, i	f applicable:	N/A	 %_	د نب	
(Principal office address <u>MUST BE A ST</u>		N/A	E ŝ	<u></u>	
		N/A		VOV	77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	in o	†7 P¥	LED
		N/A	.ORI	က္	
		N/A		12	
D. If amending the registered agent and new registered agent and/or the new			ne name of the		
Name of New Registered Agent	N/A				
	6103 NW 114TH PLAC	CE APT 261			
		street address)			
New Registered Office Address;		strect address)	Florida 33178		

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.

X Change	<u>PT</u> <u>J</u>	ohn Doc	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	DP	MIGUEL G GASPAR	Rua Durval Jose de Barros, 327
Add			Apt 14B - Sao Paulo, SP
X Remove			03508-030 BR
2) Change	DVP	CLARENY G GASPAR	Rua Durval Jose de Barros, 327
Add			Apt 14B - Sao Paulo, SP
X Remove			03508-030 BR
3) X Change	Р	HELOISA G GASPAR	6103 NW 114TH PLACE APT 26
Add			DORAL, FL 33178
Remove			
4) X Change	VP	ALARICO A CALLADO	6103 NW 114TH PLACE APT 261
Add			DORAL, FL 33178
Remove			
5) Change			
Add			A-1444-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Remove			
6) Change			
Add			
Remove			

(Attach additional	adding additional Articles, ul sheets, if necessary). (Be	enter change(s) here: specific)	
N/A			
N/A			
N/A			
N/A		· · · · · ·	
N/A			
N/A			
N/A			
N/A			
N/A		-	And the second s
N/A			Particular Control of the Administrative Administra
N/A			
N/A			
provisions for	nt provides for an exchange implementing the amendme licable, indicate N/A)	, reclassification, or cancella ent if not contained in the an	ation of issued shares, nendment itself:
N/A			- Alexander
N/A	·		
N/A			
N/A			
N/A			
N/A			

The date of a large back of	11/04/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	04/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filippartment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately or	
"The number of votes cas	for the amendment(s) was/were sufficient for ap	proval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder a	ction and shareholder
11/04/201 Dated	5	
Signature(By a	Colors of open directors of open of ficer - if directors of	r officers have not been
select	d, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	
	HELOISA G GASPAR	
	(Typed or printed name of person si	gning)
	DIRECTOR TREASURER	
	(Title of person signing)	The state of the s