# P12000001442

| (Re                     | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
|                         |                    | ·                                     |
| (Ad                     | ldress)            |                                       |
| (Ad                     | ldress)            |                                       |
| (Cit                    | ty/State/Zip/Phon  | e #)                                  |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |
| (Bu                     | isiness Entity Nar | ne)                                   |
| (Do                     | ocument Number)    | -                                     |
| Certified Copies        | Certificate:       | s of Status                           |
| Special Instructions to | Filing Officer:    |                                       |
|                         |                    |                                       |
|                         |                    | }                                     |
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|                         |                    | }                                     |
|                         |                    |                                       |

Office Use Only



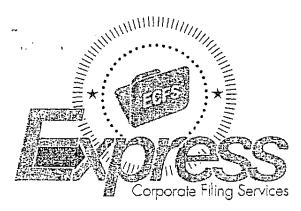
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12 SEP -7 MY ID: 42 SECRETARY OF STATE

SEP -7 AMIÓ

Amend a



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

| <br>TICE ONE V |  |
|----------------|--|
| USE ONLY       |  |

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

| (Согр                                | oration Name) | P120                         | <u>PP</u><br>00001442 |
|--------------------------------------|---------------|------------------------------|-----------------------|
|                                      | oration Name) |                              | ment#)                |
|                                      |               |                              |                       |
| (Сотр                                | oration Name) | (Docur                       | ment#)                |
| (Corp.)                              | ration Name)  | (Docur                       | ment #)               |
| ☐ Walk in                            | Pick up time  |                              | Certified Copy        |
| Mail out                             | ☐ Will wait   | Photocopy                    | Certificate of Status |
| •                                    |               |                              |                       |
| NEW FILIN                            | GS            | AMENDMENTS                   |                       |
| Profit                               |               | Amendment                    |                       |
| NonProfit                            |               | Resignation of R.A., Office. | r/Director            |
| Limited Liability                    |               | Change of Registered Agent   |                       |
| Domestication                        |               | Dissolution/Withdrawal       |                       |
| Other                                |               | Merger                       |                       |
|                                      | <del></del>   |                              | ·                     |
| OTHER FILE                           | (GS           | REGISTRATION/                |                       |
| Annual Report                        |               | QUALIFICATION                |                       |
| Fictitious Name                      |               | Foreign                      |                       |
| Name Reservation Limited Partnership |               |                              |                       |

Reinstatement

Trademark

Other

Examiner's Initials

## **Articles of Amendment** Articles of Incorporation of

### **GLOBALWING USA CORP**

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P12000061442

nt(s) to

| (Document Number  | er of Corporation (if known)        |                    |                    | _               |
|---|-------------------------------------|--------------------|--------------------|-----------------|
| Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:  | orida Statutes, this Florida Profit | Corporation add    | opts the following | ng amendme      |
| A. If amending name, enter the new name of the  | ne corporation:                     |                    |                    |                 |
|   |                                     | ·                  |                    | _The new        |
| name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or | Corp," "Inc," or "Co". A profe      |                    |                    |                 |
| B. Enter new principal office address, if applic  | able:                               |                    |                    | <del></del>     |
| (Principal office address MUST BE A STREET)   | <u>ADDRESS</u> )                    |                    |                    | <b>编</b>        |
|   | ****                                | <del></del>        | <del></del>        | SF              |
|   |                                     |                    |                    | _ 70 =          |
| C. Enter new mailing address, if applicable:  |                                     |                    |                    | <u> </u>        |
| (Mailing address <u>MAY BE A POST OFFICE</u>  | <u> </u>                            |                    |                    | - 1 至 -         |
|   |                                     |                    |                    | _               |
|   |                                     |                    |                    | ESEP-7 ANIO: 25 |
|   |                                     |                    | <del></del>        | -               |
| D. If amending the registered agent and/or reg<br>new registered agent and/or the new register  |                                     | , enter the name   | e of the           |                 |
|   |                                     |                    |                    |                 |
| Name of New Registered Agent  |                                     |                    |                    |                 |
|   |                                     |                    |                    |                 |
|   | (Florida street address)            |                    |                    |                 |
| New Registered Office Address:  | (City)                              | , Florida_         | (Zip Code)         | _               |
|   | (City)                              |                    | (Zip Coae)         |                 |
|   |                                     |                    |                    |                 |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age   |                                     | at the obligations | of the monition    |                 |
| i nereoy accept the appointment as registered age   | т. 1 ит јатинаг мил апа ассер       | i ine ovugations   | oj ine position.   |                 |
| Signature o   | of New Registered Agent, if chang   | ing                |                    |                 |

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>Joh</u> | nn Doe            |                  |
|----------------------------|----------------------|-------------------|------------------|
| X Remove                   | <u>V</u> <u>Mi</u>   | ke Jones          |                  |
| X Add                      | <u>SV</u> <u>Sal</u> | lly Smith         |                  |
| Type of Action (Check One) | Title                | <u>Name</u>       | <u>Addres</u> s  |
| 1) Change                  | P/S                  | MARTIN JELLOUSHEG | 13360 SW 46 CT   |
| XX Add                     |                      |                   | MIRAMAR FL 33027 |
| Remove                     |                      |                   |                  |
| 2) Change                  | P/S                  | NELSON ODELLA     | 13360 SW 46 CT   |
| Add                        |                      |                   | MIRAMAR FL 33027 |
| XX Remove                  |                      |                   |                  |
| 3) Change                  | <del></del>          |                   |                  |
| Add                        |                      |                   |                  |
| Remove                     |                      |                   |                  |
| 4) Change                  |                      |                   |                  |
| Add                        |                      |                   |                  |
| Remove                     |                      |                   |                  |
| 5) Change                  |                      |                   |                  |
| Add                        |                      |                   |                  |
| Remove                     |                      |                   |                  |
| 6) Change                  | <del></del>          |                   |                  |
| Add                        |                      |                   |                  |
| Remove                     |                      |                   |                  |

|      | <del></del>  |                  |                | <del></del>    | <del></del>                             |   |                       |
|------|--------------|------------------|----------------|----------------|---|---|-----------------------|
| DD   | TAX          | ID N             | UMBER:         | 46-0           | 560288                                  |   |                       |
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|      |              |                  |                |                |   |   |                       |
|      | _            |                  | _              |                |   |   |                       |
| prov | visions for  | <u>implemen</u>  | ting the amend | nge, reclassin | cation, or cance ontained in the        | <u>uation of issued</u><br>imendment itse | <u>snares,</u><br>lf: |
|      | (if not appl | icable, ina      | licate N/A)    |                |   |   |                       |
| _    |              |                  |                |                | <del> </del>                            | <u> </u>                                  |                       |
|      |              |                  |                |                |   |   |                       |
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|      |              |                  |                |                |   |   |                       |
|      |              |                  |                |                |   |   |                       |
|      |              |                  |                |                |   |   |                       |

| The date of each amendment(s) ad                                   | loption: 09-05-2012   |
|--|---|
| Effective date if applicable:                                      | (no more than 90 days after amendment file date)  |
|  |   |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |
|  | roved by the shareholders through voting groups. The following statement 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)  |
|  | (voting group)  |
| ■ The amendment(s) was/were ado action was not required.           | pted by the board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were ado action was not required.           | pted by the incorporators without shareholder action and shareholder  |
| Dated  |   |
| Signature  | May Palla   |
| selected   | rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| •  | NELSON ODELLA   |
| -  | (Typed or printed name of person signing)   |
|  | P/S   |
|  | (Title of person signing)   |