Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000264883 3)))



H180002648833ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Т	^	٠
,	v	•

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000080019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN APEMATH INC.

Certificate of Status Certified Copy 0 Page Count 05 Estimated Charge \$35.00

SEP 12 2018

Electronic Filing Menu

Corporate Filing Menu

Help

I ALBRITTON

Articles o	Aniendment			
Articles of	to Incorporation			
	of			
APEMAT				
(Name of Corporation as curre	ntly filed with the Florie	da Dept, of State	<u> </u>	
P120000	75301		D	
	of Corporation (if knows			
Pursuant to the provisions of section 607.1006, Florida Statutes, th Is Articles of Incorporation:	is Florida Profit Corport	otton adopts the	following amend	ment(s) t
. If smending name, enter the new name of the corporation:				
	GW MINING INC			
ane must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or ord "chartered," "professional association," or the abbreviation	ion," "company," or "i "Co". A professional o "P.A."	incorporated" a corporation nam	The n r the abbrevian e must contain i	ero on he
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		-	-	-
				-
			·建火	ا . ہست ف
Enter new mailing address, if applicables (Malling address MAY BE A POST OFFICE BOX)			- C C	2 -
(Indiana Control of the BOX)				<u> </u>
	<u> </u>			
		-	:11 kg	玉
If amending the registered opent and/or registered office add new registered agent and/or the new registered office addres	ress in Plorida, enter th	e name of the	G	8€ 8€
Name of New Registered Agent			<u>.</u> .	
(FL. V.				
	reet address)			(
New Registered Office Address:	(City)	, Florida		
	(Criy)		(Zip Code)	
Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
reby accept the appointment as registered agent. I am familiar	with and accept the obliga	attons of the posi	ltion.	
Signature of New R	egistered Agent, If chang	rhi o		

If amending the Officers and/or Directors, enter the title and name of	1 6M
If amending the Officers and/or Directors, enter the title and name of address of each Officer and/or Director being added:	each officer/director being removed and fitle, name, and
(Attach additional shorts some	, ,,=

ch 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 = Trustec; 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 monner. 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 tha V and S. These should be noted as John Don, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Dae	
X Remove	Σ	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
() Change	DiR	Julian Alonso Who Cardenas	Calle Carlos Reldan #241
Add			Apt 101. Distrito Sentiago Suro
Remove			Llma, Peru.
2) Change	DIR	Jessica Carol Bermudez Valera	Calle Carlos Roldan #241
Add			Apt 101. Distrito Sentiego Surco
Reniove			Lima, Peru.
3)Clange			
Add			
Remove			
4) Change			
Add			
Кетооче			
5) Change		-	
Add			
Remove			
n Change			
Add			
Remove			

auii ad	ditional shee	us, if necessary)	ticles, enter change (Be specific)	•			
	-						
-	· -						
			 _				
							
_							
						····•	
							
				·			
	 -						
_							
					<u> </u>		
n amend	ment provid	les for an exch	suge, reclassificatio	n or canceliado	n of issued she	ree	
(if not c	<u>ior impieme</u> andicabla i	nting the amer	dinent if not contai	ned in the amen	dment itself:	2.120	
(9 /10/)	ppincatore, it	wicais (VA)					
							_
		 -					
					· -		
		-					

The date of each amendment(s) ad date this document was signed.	loption:	_ if other than th
Effective date if applicable:		
	(no more than 90 days after amandment file date)	 -
Note: If the date inserted in this bli document's effective date on the Dep	Ock does not man at the second	ot be listed as the
Adoption of Amendment(s)	(CRECK ONE)	
The amendment(s) was/were adop by the abarcholders was/were suff	sted by the shareholders. The number of votes east for the amendment(s) iclent for approval.	•
☐ The amendment(s) was/were appro- must be separately provided for ea	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(a) was/were sufficient for approval	
by		
	(voing group)	
-	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder	
09/10/2018		
Dated		•
Signature		
2000,64, 5	ctor, president of other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court flduciary by that fiduciary)	
	Carlos Granados	
	(Typed or printed name of person signing)	
	Director	1
	(Title of person signing)	