P13000083492

| (Requestor's Name) (Address) |
|---|
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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December 5, 2014

ROBERT C CARHUAYO BUSINESS RESOURCES WORLDWIDE INC 15210 SW 109 AVE MIAMI, FL 33157

SUBJECT: GLOBAL PARTNERS ALLIANCE CORP

Ref. Number: P13000083492

We have received your document for GLOBAL PARTNERS ALLIANCE CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a BENEFIT CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 014A00025711

Division of Compositions D.O. DOV 6297 Mallaharras Elevida 2021

www.sunbiz.org

COVER LETTER

| Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| NAME OF CORPORATION: 6/06a/ Partners Alliance Corp DOCUMENT NUMBER: 9/3000083492 | | | | | | |
| DOCUMENT NUMBER: P13000083492 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Robert C. Carhuayo Name of Contact Person | | | | | | |
| Name of Contact Person | | | | | | |
| Business Resources Worldwide, Inc. | | | | | | |
| 15710 SIN 109 AVE | | | | | | |
| 15210 SW 109 AVE Address | | | | | | |
| Miami El 33157 | | | | | | |
| Miami, FL 33/57 City/State and Zip Code | | | | | | |
| | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| E-mail address: (to be used for luture annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Robert C. Carhuayo at 786 469-7902 Name of Contact Person Area Code & Davime Telephone Number | | | | | | |
| 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 Certificate of Status Certificate Copy (Additional copy is enclosed) 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

Articles of Incorporation of

| 5/06a/ Partners | Alliance Corp. |
|--|--|
| (Name of Corporation as currently filed wit | th the Florida Dept. of State) |
| P13000083492 | |
| (Document Number of Corpor | ration (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation: | es, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporat | ion: |
| | "marEd 2-rang magazaga |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | 15210 SW 109 AVEZ Miami, FL 33/57 |
| C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX) | 97.5 1. 0. |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a | |
| Name of New Revistered Agent | |
| | viku su eer auhtress) |
| | Florida |
| New Registered Office Address: | (Cloy) (Lip Code) |
| New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am far | Agent: miliar with and accept the obligations of the position. |
| | |
| Signature of New Regis | stered Agent. if changing |

| address of each Officer is (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted | and/or D if necess rector title President = Chief F r, Directo in the fol wes the co | trector t ary) e by the j : T= Tre inancial r would lowing n rporation | eing added: first letter of the office title: asurer; S= Secretary; D= Director; Officer. If an officer/director holds be PTD, nanner, Currently John Doe is listed on, Sally Smith is named the V and S. | TR= Tru more th as the Ps | irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change, | |
|--|--|---|--|---------------------------------|---|---|
| Example: X Change | <u>PT</u> | John De | <u>)s</u> | | | |
| X Remove | <u>v</u> | Mike Jo | nnes | | | |
| X Add | \underline{sv} . | Sally St | nìth | | | |
| Type of Action (Check One) | Title | | Name | | Address | |
| I) Change Add | V | - | Vanessa L. Var | gas. | 15210 SW 109 AVE Miami, FC 3315; | 7 |
| 2) Change Add | | - | | | | |
| Remove U) | | | | | | |
| 4) Change Add Remove | | - | <u> </u> | | | |
| 5) Change Add Remove | | | | | | |
| Change Add Remove | | | | <u> </u> | | |

| Attach additional sheets, if necessary |). (Be specific) | | | |
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| an umendment provides for un ex | ebange, reclassification, or o | enncellation of issued shar | es. | |
| provisions for implementing the an (if not applicable, indicate N/A) | nendment if not contained in | the amendment liself: | | ļ |
| (, , , _p , | | | | |
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| 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) | *** |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | , |
| "The number of votes east 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 shareholder action was not required. | , |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | • |
| Dated 12/12/2014 | |
| Signature | shee - |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| Patricia L. Arredondo (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |