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C. CARROLITA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: GLO CREA	TIVE INC.			
DOCUMENT NUMBE	P1400000042	0			
	Amendment and fee are sub				
Please return all corresp	ondence concerning this mat	ter to the following:			
-	Tomas Saiz				
_		Name of Contact Person			
(GLO CREATIVE	···			
•	1221 BRICKELL	Firm/ Company AVE STE 900			
		Address			
1	Miami FL 33131				
		City/ State and Zip Code			
toma	as.saiz@yahoo.d	om			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Tomas Saiz		at (786	351-7920		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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



GLO CREATIVE INC.	<u></u>	14 APR -7 PM 2: 13
(Name of Corporation as currently	filed with the Florida Dept. of State	
P1400000420		SECRETARY IN JACE
(Document Number	of Corporation (if known)	TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A professional	"incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or registered agent and/or the new registered.		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the o	bligations of the position.
		, 1 - 1
Signature of	f New Registered Agent, if changing	

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: X Change	<u>PT</u>	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>	Address			
1) Change	Р	DARCYL, SEBASTIAN	1221 BRICKELL AVE			
Add			SUITE 900			
Remove			MIAMI FL 33131			
2) Change	<u>coo</u>	GLOVASKI, MICHAEL	1221 BRICKELL AVE			
Add			SUITE 900			
Remove			MIAMI, FL 33131			
3) Change						
Add						
Remove						
4) Change			_			
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

tach additiona	al sheets, if necesso	ury). (Be sp	ecific)			
		 -				
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				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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an amendme	nt provides for an	exchange, r	eclassificatio	n, or cancellati	on of issued sh	<u>ares,</u>
rovisions for	implementing the	<u>amendment</u> /4)	if not contai	ned in the ame	ndment itself:	
(9		,				
		_ _	 			
						
	· · · · · · · · · · · · · · · · · · ·					
					···	

The date of each amendment(s) ad	loption:	, if other than
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 add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_ × O	3/31/2014	
Signature>		
selecte	lirector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	MICHAEL GLOVASK)	
	(Typed or printed name of person signing)	
	PRESIDENT	

14 APR -7 PH 2: 13
SECRELARISE FLORIDA
TAIL AHASSEE, FLORIDA

the

(Title of person signing)