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(((H200000681083)))



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| | Division of Corpo Fax Number : | (850)617-638 0 | |
|-------|-----------------------------------|-----------------------------------|-------|
| From: | | | 22 |
| | Account Number : | THREE K FAST CARRIER SERVICES INC | 7 |
| | Account Number : Phone | ±20180000033 (305)805-3516 | |
| | Fax Number : | (305)887-5844 | |
| | | | ₽F 19 |

COR AMND/RESTATE/CORRECT OR O/D RESIGN EL GABRIEL, INC.

| Certificate of Status | 0 | | |
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Electronic Filing Menu

Corporate Filing Menu

Y Help KER MAR 02 2020 COVERLETTER (#20000681083)

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: EL GABRIEL IN | iC . |
|--|--|
| DOCUMENT NUMBER: P14000016900 | |
| The enclosed Articles of Amendment and fee are s | submitted for filing. |
| Please return all correspondence concerning this m | - |
| LUIS E CARMENATE | |
| EL GABRIEL INC | Name of Contact Person |
| | Firm/ Company |
| 741 SE 5TH PL | - Company |
| HIALEAH FL 33010 | Address |
| | City/ State and Zip Code |
| ELPENICHE2007@YAHOO | · |
| | sec for future annual report notification) |
| | |
| For further information concerning this matter, pleas | se call: |
| LUIS E CARMENATE | at (⁷⁸⁶) 970-8727 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following | |
| Enclosed is a check for the following amount made p | payable to the Fiorida Department of State: |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status | U\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

Articles of Incorporation

P.3 (H2000068/083)

| (Name of Corpo | ration as curren | tly filed with the Florida I | lone of China | | |
|--|--|--|--|-----------------------------|------------------------|
| 14000016900 | | | Pept. of State | | |
| (De | ocument Number | of Corporation (if known) | | | |
| ursuant to the provisions of section 607.1006, Floral Articles of Incorporation: | orida Statutes, this | s Florida Profit Corporatio | adopts the follow | ving am | endment |
| If amending name, enter the new name of the | e corporation: | | | | |
| /A | | | | | |
| me must be distinguishable and contain the word nc.," or Co.," or the designation "Corp," "hartered," "professional association," or the at | bbreviation "P.A. | n projessional corporation | ed" or the abbrevic n name must con | The ation "C tain the | new Corp.," word |
| Enter new principal office address, if applies | able: | 741 SE 5TH PL | | | |
| rincipal office address MUST BE A STREET ADDRESS) | | HIALEAH, FL 33010 | Āσ | 202 | |
| | | | 75 | 30 | -71 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 741 SE STUPL | | - - 828 | |
| | | HIALEAH, FL 33010 | | 2 | |
| | | | 081 | 1. | |
| If amending the registered agent and the | | | | - 3 | _ |
| If amending the registered agent and/or regis new registered agent and/or the new register | <u>stered office address</u> e d o ffice address | ress in Florida, enter the n | ame of the | | |
| | CARMENATE | <u>. </u> | | | |
| | | | | | |
| | TH PL | | | | |
| Name of New Registered Agent LUIS E (| TH PL (Florida stre | eet address) | | _ | |
| Name of New Registered Agent LUIS E C | (Florida stre | eet address) | , Florida 33010 | _ | |

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

_ Remove

| (Attach additional she Please note the officer P = President; V = Vt Executive Officer; CF President, Treasurer, Changes should be no a change, Mike Jones Mike Jones, V as Rem | eets, if nece, r/director ti ice Presider O = Chief I Director we ted in the fe leaves the | ssary) ile by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR Financial Officer. If an officer/director holds more ould be PTD | cer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change, |
|---|--|--|--|
| Example: X_Change | <u>PT</u> | John Doc | |
| X Remove | Y | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| I) Change | VP ——— | CLEMENT R VEIGAS POBLET | 8972 NW 149 TER |
| Add | | | MIAMI LAKES, FL 33018 |
| X Remove | | | |
| 2) Change | <u>S</u> | PEDRO N TOMAS VALDIVIA | 10520 NW 30TH AVE #2 |
| XAdd | | | MIAMI, FL 33147 |
| Remove Change | | - | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Кетюче | | | |
| 6) Change | <u></u> | | |
| Add | | | |

If amending the Officers and/or Directors, enter the title and name of each-officer/director being removed and title, name, and

| 20, 05:28p | | p.5 |
|---|------------------------|--------------|
| If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific) | (# 20000 | 68/08 |
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| | | |
| in amendment provides for an exchange, reclassification, or cancellar | Itian of issued shares | |
| covisions for implementing the amendment if not contained in the an (if not applicable, indicate N/A) | nendment itself: | |
| | | |
| | | |
| | | |
| | | <u> </u> |
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| 28 20, 05:28p | | | <i>1</i> | p.6 |
|--|--|---|---------------------------------|----------------------|
| The date of each amendment(s) adop date this document was signed. Effective date if applicable: | 2-28 | 8-2020 -2020 | (#20000 | ., if other than the |
| | | 0 days after amendment file | - | |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the application of State's records. | cable statutory filing requir | ements, this date will | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were adopted action was not required. | I by the incorporators, or b | poard of directors without s | hareholder action and | shareholder |
| ☐ Toe amendment(s) was/were adopted by the shareholders was/were suffici | l by the shareholders. The ent for approval. | number of votes cast for the | ne amendment(s) | |
| ☐ The amendment(s) was/were approve must be separately provided for each | ed by the shareholders thro in voting group entitled to | ough voting groups. The factories separately on the amen | llowing statement idment(s): | |
| "The number of votes cast for t | | | | |
| by | | FF | | |
| | (vating group) | ·" | | |
| sciccist, by | duciary by that fiduciary) | er – if directors or officers hands of a receiver, trustee Communication ame of person signing) | uave not been | _ |
| | presid | ent | | |
| | Title of person sign | ine) | | |