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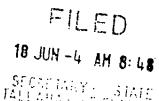
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR		RNATIONAL INC.			
DOCUMENT NUM	P14000057826 BER:	·			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	PORFIRIO H CARDENAS				
	Name of Contact Person				
	BORDERS INTERNATION	ALING.			
	Firm/ Company 1870 N CORPORATE LAKES BLVD				
	Address WESTON FL 33326				
		City/ State and Zip Cod	e		
info@	bordersinternationaline.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
PORFIRIO H. CARDENAS		954 at (	228-0699		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	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			Address Iment Section		
Div	ision of Corporations	Division of Corporations			
	. Box 6327 ahassee, FL 32314		Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



BORDERS INTERNATIONAL INC

	The state of the s
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P14000057826	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation;	tes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporat	tion:
GLOBAL BRANDS TRADERS CORP.	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office and/or the new registered office a	ice address in Florida, enter the name of the address:
Name of New Registered Agent	
(Fl	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	, Florida
Signature o	of 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.

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					
Add					~ · · · · ·
Remove					
2) Change					
Add					
Remove					
3.) Change				<u></u>	
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4) Change				<del></del>	
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Remove					
5) Change			<u>,</u>	<del></del>	
Add					
Remove					
6) Change		<del></del>			
Add					
Remove					

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The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
05/26/2018	, // //	
Dated		
Signature (By a direct	or, president or other officer of directors or officers have not been	_
selected, by	an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fi	iduciary by that fiduciary)	
POF	REIRIO HOMERO CARDENAS ALVAREZ	
	(Typed or printed name of person signing)	
VIY	SECRETARY	
<del>-</del>	(Title of person signing)	<del></del>

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