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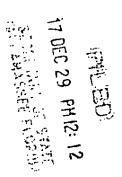
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GB ASSET	TS CORP.	
DOCUMENT NUMBER:	P14000	097048	
The enclosed Articles of Amendme	ent and fee are su	abmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
		ADRIANA LANCHER	OS
		Name of Contact Person	n
		Firm/ Company	
		7701 NW 15TH ST. CO28	86943
	· · · · · · · · · · · · · · · · · · ·	Address	,
		MIAMI, FL 33106	
		City/ State and Zip Cod	· ·
		alancheros@yahoo.com	
E-mail	address: (to be u	sed for future annual report	notification)
For further information concerning	this matter, pleas	se call:	
ADRIANA LANCHEROS		at (
Name of Contact Pe	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ficate 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	GB ASSETS C	ORP.		
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State		
	P140000970	048		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendme	ent(s) (
A. If amending name, enter the new na	me of the corporation:			
N/A			æ	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associal	ation "Corp." "Inc," or	"Co". A professional corporation nam		7
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C) D. If amending the registered agent and new registered agent and/or the new	DFFICE BOX) d/or registered office add		7 DEC 29 PH 12: 12	行に向り
Name of New Registered Agent	N/A			
	(Florida s	treet address)		
New Registered Office Address:	N/A	Florida_	N/A	
New Registered Agent's Signature, if ch I hereby accept the appointment as regista	ianging Registered Agen red agent. I am familiar	i t:	(2.1)** (Orie)	
<u></u>	Signature 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,

Example: XChange	<u> </u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PVD	OSCAR BRAVO RESTREPO	4100 N. MIAMI AVE
Add Remove			MIAMI, FL 33127 UN
2) Change	(;	Talbour International Services Corp	4100 N. MIAMI AVE
_X_Add			MIAMI, FL 33127
Remove			
3) Change	 	-	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Кетюуе			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
·	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
<u> </u>	

N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 30 days tiper amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	all not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by N/A (voting group)	
(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.	
DECEMBER 19,2017	
Dated	
[. Alla	
Signature / Just/1/www	
(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)	
OSCAR BRAVO RESTREPO	
(Typed or printed name of person signing)	
PRESIDENT/DIRECTOR	
(Title of person signing)	