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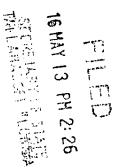
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R. Wirte .

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GIBA TRANSPOR	T CORP	<u> </u>		
DOCUMENT NUM	BER: P15000017009				
	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	MARIA DE LOS ANGELES	GONZALEZ			
		Name of Contact Person			
	AMARO ACCOUNTING SERVICES PA				
		Firm/ Company			
	3107 NE 4TH STREET				
		Address			
	HOMESTEAD FLORIDA 33033				
		City/ State and Zip Code			
	magacco	unting@att.net			
	~	ed for future annual report	notification)		
	on concerning this matter, pleas		556-3424		
Name of Contact Person		at (Area Co) 556-3424 de & Daytime Telephone Number		
	or the following amount made				
■ \$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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

16 HAY 13 PM 2: 26

SE DE LA Y - 7 STATE THE LABA SEE FLORIDA

GIBA TRANSPORT CORP

(<u>Name o</u>		ly filed with the Florida Dept. of State)
	P15000017	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	•	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5005 NW 195 TERRACE
		MIAMI BEACH
		FL 33140
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		3107 NE 4 STREET
		HOMESTEAD
		FL 33033
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	MARIA DE LOS ANGELES GONZALEZ	
3107 NE 4TH STREE		
	(Florida s	treet address)
New Registered Office Address:	HOMESTEAD	, Florida 33033
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen vered agent. I am familiar	nt: with and accept the obligations of the position.
	Signature of New	President density

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 D	<u>oe</u>			
X Remove	<u>V</u>	Mike J	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>Saily Smith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	VP		CARLOS L SUYI RODRIGUEZ	5979 NW 195 TERRACE		
X Add				MIAMI BEACH		
Remove				FLORIDA 33140		
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change)			
Add			,			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	(Be specific)
	N/A
-	
lf an amandmant provides for an avale	hange realessification or cancellation of issued shares
If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: N/A
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

•	05/03/2016	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	05/03/2016	
Interité date il appresaire.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment of ficient for approval.	ent(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement ,
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholde	r
2	05/03/2016	
Dated Signature ت	Conando	
(By a d	irector, president or other officer - if directors or officers have not be	
	d, by an incorporator - if in the hands of a receiver, trustee, or other	court
appoin	ted fiduciary by that fiduciary)	
	ROBERTO REYNALDO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	