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SECRETARY OF STATE ALLAHASSFE.FLORIDA

AUG 17 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GLOBAL INTER	ENATIONAL SUPPLY CO	RPORATION			
DOCUMENT NUMBER: P15	5000042795					
The enclosed Articles of Amend		ibmitted for filing.				
Please return all correspondence	concerning this ma	tter to the following:				
Albert C	orrada					
	Name of Contact Person					
		Firm/ Company				
2655 LeJ	eune Road, Suite 90)2				
	Address					
Coral Ga	bles, FL 33134					
	•	City/ State and Zip Cod	e			
cesar@candts.c	om					
E-m	ail address: (to be us	sed for future annual report	notification)			
For further information concerni	ng this matter, pleas	se call:				
Albert Corrada		at (305	804-8569			
Name of Contact Person Area Code & Daytime Telephone Num			de & Daytime Telephone Number			
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	ertment of State:			
	3.75 Filing Fee & rtificate 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		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GLOBAL INTERNATIONAL SUPPLY CORPORATION

(Name of Corp	oration as currently	<u>filed with the Florid</u>	a Dept. of State)	
215000042795				
(D	ocument Number of C	Corporation (if known	1)	
ursuant to the provisions of section 607.1006, F s Articles of Incorporation:	lorida Statutes, this Fi	orida Profit Corpora	ation adopts the following	ng amendmen
. If amending name, enter the new name of t	he corporation:			
				The new
ame must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "ord "chartered," "professional association," o	Corp," "Inc," or "Co	o". A professional o		abbreviation
B. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>			<u> </u>	
				·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: E BOX)			
				··- <u>-</u>
. If amending the registered agent and/or re- new registered agent and/or the new regist		<u>s in Florida, enter t</u>	he name of the	
	or o			15
Name of New Registered Agent				
	(Florida stree	addrars)	<u></u>	- - -
	(Pioriau siree)	uauress)		2 -
New Registered Office Address:		ity)	, Florida	Code
	(~	•••	(Edy)	
				0
ew Registered Agent's Signature, if changing	Registered Agent:			J.
hereby accept the appointment as registered ag	ent. I am familiar wit	h and accept the obli	gations of the position.	
nerevy accept the appointment as registered ag	eni i am jamiliar wil	n ana accept the obli	gations of the position.	
		istered Agent if char		_

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
()Change	P	Daniel J Franco	2000 NW 89th Place Ste 122
Add			Doral, FL 33172
X Remove			
2) Change	Т	Daniel F Franco Feliciani	2000 NW 89th Place Ste 122
Add			Doral, FL 33172
X Remove			
3) Change			
X Add			
Remove			SE ALE
4) Change			AUG 12
Add)
Remove			PH 12: 0
5)Change			O RIDA
Add			
Remove			
6) Change			
Add			
Remove			

08/08/2015	if other than the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
08/08/2015	
Effective date if applicable:	<u>. </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	⊸ ₹
	5
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	ें के
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	FILED FARY OF TREES.
Dated	ED OF STATE ECTLORID PM 12: 01
Simple Si	
Signature (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 courappointed fiduciary by that fiduciary)	ı
Marco A Franco Feliciani	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	