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SECRETARY OF STATE TALLAHASSEE. FI ORIDA

AUG 2 5 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GERMAN LATIN	TRADING, INC.			
DOCUMENT NUMBI	P15000069443				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
I	NGRID S. REYNOSO				
_		Name of Contact Person	1		
(GERMAN LATIN TRADING, INC.				
<u>-</u>	Firm/ Company				
17500 NORTH BAY ROAD, APT. 908					
_		Address			
S	SUNNY ISLES, FL 33160				
_		City/ State and Zip Cod	e		
isando	val03@hotmail.com				
		sed for future annual report	notification)		
	`	•	·		
For further information	concerning this matter, pleas	se call:			
OLIVER KOCH		at (327-2399		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

GERMAN LATIN TRADING, INC.				
(Name of Corpo	ration as currently f	filed with the Florida	Dept. of State)	
P15000069443				
(Do	ocument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fla	orida Profit Corporat	ion adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co	o". A professional co		abbreviation
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A				
C. Fatan san mailing address if annihables				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
			•	
 If amending the registered agent and/or registered agent and/or the new register 		s in Florida, enter th	e name of the	
Name of New Registered Agent				75. 35.
Traine of their Registered Tigette				
	(Florida street	t address)		-22 - 3A音
New Registered Office Address:			. Florida	
New Registered Office Address.	(C	ity)		ip Code)
				 ယ ဆိုန်
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		h and accent the oblig	rations of the positio	f DA
, , , , , , , , , , , , , , , , , , , ,			,	
	Signature of New Reg	ristered Agent, if chang	ging	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	OLIVER KOCH	17500 NORTH BAY ROAD
X Add			APT. 908
Remove			SUNNY ISLES, FL 33160
2) Change			
Add			
Remove			
3) Change			
Add			24 SSA
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		STATE 1 ORIDA 2: 34
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary). (A	Be specific)		
Part 1 to 1			
		<u>.</u>	
			
		<u>.</u>	
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		5 <u>AU</u>	
		(A)	
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If an amendment provides for an exchange provisions for implementing the amends	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	2: 34	981
(if not applicable, indicate N/A)	ment it not contained in the amendment risert.	-#-	
			·
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1			

The date of each amendment	AUGUST 21, 2015 I(s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	AUGUST 21, 2015	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wee by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	SECRI TALLA 15 AUG
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	ECRETARY LLAHASSE AUG 24
	1 1 2 1 2015	ED OF STATE EL L'LORID PH 2: 34
SC	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	3>```
	INGRID S. REYNOSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	