P16000021011

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

JUN 2 0 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GMX CARGO CO	PRP		
DOCUMENT NUMB				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
J	ULIANA H PIETA			
-		Name of Contact Perso	n	
7	TAX CONTROLLER INC			
-		Firm/ Company		
7	750 E SAMPLE ROAD, BLI	• •		
_		Address		
I	POMAPNO BEACH, FL 330	064		
		City/ State and Zip Cod	e	
SILVA	KEITI@YAHOO.COM			
	-	sed for future annual report	notification)	
	,	•	•	
For further information	concerning this matter, pleas	se call:		
JULIANA H PIETA		954 at (301-1848	
Name of Contact Person			Area Code & Daytime Telephone Number	
Enclosed is a check for	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)	
<u>Maili</u>	ng Address	Street	Address	
	dment Section		Iment Section	
	ion of Corporations		on of Corporations	
	Box 6327 nassee, FL 32314		Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GMX CARGO CORP			
(Name o	f Corporation as currently	filed with the Florida Dept. o	f State)
P16000020061			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		3 (0 mm)
name must be distinguishable and con	tain the word "corporation	" "company " or "incorpora	ted" or the abbreviation
"Corp.," "Inc.," or Co.," or the design	ation "Corp," "Inc," or "C	o". A professional corporation	on name must contain the
word "chartered," "professional associa			
R Finter now principal office address	if annlischlar		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
	,		 8
<i>;</i>			Fig.
•			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST		987 SW 37 AVE UNIT 805	
		MIAMI FL 33135	
D. If amending the registered agent ar	nd/or registered office addre	ss in Florida, enter the name	of the
new registered agent and/or the ne			
Name of New Registered Agent	Name of New Registered Agent TAX CONTROLLER INC		
	750 E SAMPLE RD BLDG	3 BAY 5	
	(Florida stre	et address)	
New Posistown J Office Address	POMPANO BEACH		33064
New Registered Office Address:		City)	Florida(Zip Code)
			•
New Registered Agent's Signature, if	hanging Registered Agent:		
I hereby accept the appointment as regis		ith and accept the obligations of	of the position.
•			
) /	
	Signature of New Br	vistered 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 Remôve	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>.SV</u> ´	Sally Smith	•
Type of Action: (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP	DIEGO B DE OLIVEIRA	987 SW 37 AVE #805
Add			MIAMI FL 33135
Remove			
2) Change	Р·	KEITIANE DA GAMA SILVA	987 SW 37 AVE #805
X Add			MIAMI FL 33135
Remove			
3)Change			
Add			
Remove		•	
4)Change			
Add			
Remove		4	
5)Change			
Add :	٠		
Remove			
6) Change			
Add			
Remove	.		

	dditional sheets, if necessary					
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an an	nendment provides for an e ions for implementing the a	xchange, reclassif	ication, or o	ancellation of i	ssued shares,	
	not applicable, indicate N/A	nienament it nor	contained in	the amenumen	t itseif:	
if)	nos applicable, maioaic 1mi	,	•	•		
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•	05/18/2016	
he date of each amendment(s) ado	otion:	, if other than t
ate this document was signed.		,
05/18/2 ffective date <u>if applicable</u> :	2016	•
nechve date <u>it applicable.</u>	(no more than 90 days after amendment file date)
ote: If the date inserted in this blo	ck does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the am cient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ich voting group entitled to vote separately on the amendme	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and stated by the incorporators without shareholder action and share	
•		
05/18/2016 Dated		
Signature _	Diego Barlosce de Oliveiro ector, prosident or other officer - if directors or officers have	2
	by an incorporator – if in the hands of a receiver, trustee, or	
	d fiduciary by that fiduciary)	
Ī	DIEGO B DE OLIVEIRA	
	(Typed or printed name of person signing)	
۲	/ICE PRESIDENT	
-	(Title of person signing)	