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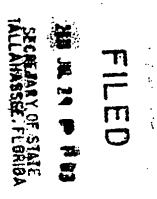
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: GMX CARGO CC	ORP		
DOCUMENT NUMBER	P16000020061		<u> </u>	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		Jacqueline Horta		
	<u>.</u>	Name of Contact Persor	1	
	J [lorta Accounting & Taxes	Inc	
		Firm/ Company	-	
		12905 SW 42 Street		
		Address	···	
		Miami, Florida, 3317:	5	
		City/ State and Zip Code	2	
ihortafl@	bellsouth.net			
·		sed for future annual report	notification)	
For further information collustration	-	se call:at (387-2906	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
		payable to the Florida Depa		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

GMX CARGO CORP

(Name of C	Corporation as currently filed with the F	lorida Dept. of State)
	P16000020061	h Shee
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Co</i>	rporation adough the flag of the the flag
A. If amending name, enter the new nam	e of the corporation:	for the second second of the second
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	ion "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	
B. <u>Enter new principal office address, if :</u> (Principal office address <u>MUST BE A STR</u>		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF) D. If amending the registered agent and/new registered agent and/or the new recommendation.	or registered office address in Florida, e	nter the name of the
Name of New Registered Agent	Diego Barbosa de Oli	veira
Mand of the registered sign	1900 SW 8th ST # E-208	
-	(Florida street address)	
New Registered Office Address: _	Miami	, Florida 33135
New Negisierea Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register.		ne obligations of the position.
	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: 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>	<u>Addres</u> s				
1) X Change	P	Diego Barbosa de Oliveira	1900 SW 8th ST # E-208				
Add			Miami, Florida 33135				
Remove							
2) Change							
Add							
Remove			<u> </u>				
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

Attach <i>ade</i>	ditional sheet	<u>additional A</u> s. if necessary	v). (Be spe	cific)	<u></u>				
					· — · — · — · — · — · — · — · — · — · —		<u> </u>		
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provision	ns for implen	vides for an e menting the a indicate N/A	<u>mendment i</u>	classification f not conta	ined in the a	ation of issuement its	ed snares, self:		
		<u>.</u>							
	· · ·						<u> </u>		
									_

, 1	, if other than the
date this document was signed. Effective date if applicable:	
Effective date if applicable: 6 1 2011 (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 document's effective date on the Department of State's records.	date 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 725 19 Signature 1 Low Objective	
(By a director, president of other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Diego Barbosa de Oliveira (Typed or printed name of person signing)	
Tresident (Title of person signing)	
(rine or person signing)	