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S TALLENT JUL 3 0 2010 2019 JUL 23 PM 5: 02 SECNETARY OF STATE TALL AHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: GLOBAL ACES	CORP				
DOCUMENT NUMB						
	of Amendment and fee are su	abmitted for filing.				
Please return all corres	oondence concerning this ma	tter to the following:				
		CAREL PEREZ				
-		Name of Contact Person	n			
	GLOBA	L ACES CARGO & LOG	ISTIC CORP			
-	Firm/ Company					
	8620 NW 64TH STREET UNIT 9					
-	Address					
	MIAMI, FL 33166					
-		City/ State and Zip Cod	ε			
	E-mail address: (to be use concerning this matter, please					
CAREL PEREZ		at () 481-7575 de & Daytime Telephone Number			
Name o	Name of Contact Person Area Code & Daytime Telephone N					
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)			
Mailing Address			Address			
	idment Section	Amendment Section Division of Corporations Clifton Building				
	ion of Corporations Box 6327					
	hassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GLOBAL ACES CORP		
(Name of Corporation a	s currently filed with the Florida Dept. of Sta	<u>1te</u>)
P17000049119		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this Florida Profit Corporation adopts th	e following amendment(s)
A. If amending name, enter the new name of the corpo	ration:	
GLOBAL ACES CARGO & LOGISTIC CORP		✓ The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abbi	Inc," or "Co". A professional corporation no	or the abbreviation
B. Enter new principal office address, if applicable:	8620 NW 64TH STREET UNIT	9 8
(Principal office address MUST BE A STREET ADDRE.	<u>SS</u>) MIAMI, FL 33166	SECRI 1.2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8620 NW 64TH STREET UNIT	υνανου (
,,	MIAMI, FL 33166	5: 02
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent N/A		<u>e</u>
	Florida street address)	
New Registered Office Address:	, Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the	position.
Signatur	e 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	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	<u>Şally Sn</u>	<u> iith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
A d d				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
δ) Change		_		
Add				
Remove				

(Attac	nending or adding additional Articles, enter change(s) here: th additional sheets, if necessary). (Be specific)	
N/A		
	· · · · · · · · · · · · · · · · · · ·	
		*
		
_		·
		-
		· · · · ·
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
!/A		
		· -

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
07/15/201	9	
DatedSignature	arel Terez	
(By a c	director, president or other officer – if directors or officers have not been ind, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	CAREL PEREZ	
	(Typed or printed name of person signing)	·
	PRESIDENT	
	(Title of person signing)	