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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GA FASTWAY IN	TERNATIONAL INC	
DOCUMENT NUM	DIOWWWWIIOW		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JENNY M CARBALLEIRA		
		Name of Contact Person	1
	GA FASTWAY INTERNAT	TONAL INC	
		Firm/ Company	
	7235 NW 179 ST apt 304		
		Address	
	HIALEAH FL 33015		
		City/ State and Zip Cod	e
For further informatio	E-mail address: (to be us	sed for future annual report	notification)
JENNY M CARBALLEIRA		at (⁶¹⁹	887-6951
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

	L'ACT	'U / / U'	TATI	ERNA	THANK	3 A I	TAIC
UM.	LWOI	WAI	114 1	CKINA	HON	• /// /	IIIC.

(Name of Corporation as currently	filed with the Florida Dept. of State)		
P19000044802				
(Document Number of C	Corporation (if known)			•
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the	following	ameno	lment(s) to
A. If amending name, enter the new name of the corporation:				
		•	The i	new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation nam	r the abl	breviai	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				_
		SECH	2019.	_
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	LAHA	JUN -5	
Name of New Registered Agent		SE	PH	
Name of New Kexisterea Agent		<u> </u>	-	
(Florida stree	t address)	1,11	ယ	
New Registered Office Address:	, Florida_			
	ity)	(Zip Co	rde)	_
·	,	(124). O.	, , ,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the po	osition .		
Signature of New Re-	gistered 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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	SEC	Carlos Molina	7235 NW 179 ST APU 304	
X Add			HIALEAH FL 33015	
Remove				
2) Change				
A dd				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	nding or adding additions additional sheets, if neces.	sary). (Be specifi	ic)			
					<u> </u>	
		<u> </u>	<u></u>			
		.				
		_ 				
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	·					<u> </u>
		<u> </u>	··	-		
<u>lf an a</u>	mendment provides for a	n exchange, reclas	ssification, or can	cellation of issued	d shares,	
provis (i	sions for implementing th If not applicable, indicate N	e amendment if no	ot contained in th	<u>e amendment its</u>	<u>elf:</u>	
	,	,				
				·		
			·			<u> </u>
		 	<u> </u>			
		<u>_</u>				
			*			

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more the	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap- document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	• •
by(voting group)	."
(voting group)	.
☐ The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
06-03-2019	
Dated	
S 4 2	
Signature (By a director, president or other	officer – if directors or officers have not been
	1 the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduci	ary)
JENNY M CARBALLEI	RA
(Typed or prin	ted name of person signing)
PRESIDENT	
	tle of person signing)