## P200000 16221

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

	GLOBAL TRANZ INC
NAME OF CORPORATION:	1
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	ALAN MARTINEZ
	Name of Contact Person
	SIMPLEX GROUP
	Firm/ Company
	7500 NW 52ND ST STE 100
	Address
	MIAMI, FL 33166
-	City/ State and Zip Code
proc	essingpermits@simplexgroup.net
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
ALAN MARTINEZ / SIMPLEX GROUP	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation αf

## 180 C. To the ex. 3 GLOBAL TRANZ INC (Name of Corporation as currently filed with the Florida Dept. of State) P20000016221 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5685 MARINA DR APT 3 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SEBASTIAN, FL 32958 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5685 MARINA DR APT 3 SEBASTIAN, FL 32958 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: REINA ISABEL MUNOZ LEIVA Name of New Registered Agent 5685 MARINA DR APT 3 (Florida street address) **SEBASTIAN** , Florida New Registered Office Address: \_\_\_ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Rinapomung Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>Addres</u> s
1) Change	P	MUNOZ, XAVIER A	5685-3
Add			
X Remove			
2)Change	P	MUNOZ LEIVA, REINA ISABEL	5685 MARINA DR APT 3
X Add			SEBASTIAN, FL 32958
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5)Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

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<u>f an amendm</u> e	nt provides for an e	exchange, reclassif	ication, or cance	llation of issued sh	ares.	
provisions for	implementing the a	imendment if not s	ontained in the	<u>amendment itself:</u>		
(if not app	licable, indicate N/A	)				
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The date of each	amendment(s) adoption:	, if other than the
date this documen		<u>.                                    </u>
Effective date if:	applicable:	
	(no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirement ive date on the Department of State's records.	s, this date will not be listed as the
Adoption of Ame	endment(s) (CHECK ONE)	
The amendment action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareho required.	older action and shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amodelders was/were sufficient for approval.	endment(s)
	nt(s) was/were approved by the shareholders through voting groups. The followin ately provided for each voting group entitled to vote separately on the amendmen	
"The nur	mber of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	Dated MAY 1ST, 2020	
	Signature #12	
	Signature  (By a director, president or other officer – if directors or officers have a selected, by an incorporator – if in the hands of a receiver, trustee, or eappointed fiduciary by that fiduciary)	
	XAVIER A MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	