## P21000083019

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C. BRUMBLEY
JUN 2 2 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: GAS WHOLESAI	.E CORP				
DOCUMENT NUM	BER: P21000083019					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	RODRIGO P SILVA					
		Name of Contact Person	1			
	Firm/ Company					
	10 FAIRWAY DRIVE STE	201A				
		Address	,			
	DEERFIELD BEACH FL 33441					
		City/ State and Zip Code	2			
	E-mail address: (to be us	sed for future annual report	notification)			
	•		,			
For further informatio	n concerning this matter, pleas	se call:				
RODRIGO P SILVA		at (_954	) 623-7615			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

GAS WHOLESALE CORP				
( <u>Name</u>	of Corporation as curren	tly filed with the Florida	Dept. of State)	
P21000083019				
	(Document Number	of Corporation (if known)	•	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
GS WHOLESALE USA CORP				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp, "Inc," or "Co"	A professional corporati	ited" or the abbreviatio on name must contain	m "Corp"
B. Enter new principal office address,	NONE			
(Principal office address MUST BE A S				<u></u>
				2022
				<del>E</del> n
C. Enter new mailing address, if appl	NONE		-2	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		<u>ිදුර</u> දරුල	<b>P</b> III
				<u> </u>
			위된	<u>မ</u>
D. If amending the registered agent ar	nd/or registered office add	iress in Florida, enter the	e name of the	<b>*</b> 注
new registered agent and/or the ne				
Name of New Registered Agent	NONE			
	(Florida s	reet address)		
New Registered Office Address:	NONE		, Florida	
-		(City)	(Zip C	lode)
New Registered Agent's Signature, if c	hanging Registered Agen	<b>*•</b>		
I hereby accept the appointment as regist	ered agent. I am familiar	vith and accept the obliga-	ations of the position.	
<del></del>	Signature of New 1	Registered Agent, if chang	ing	

## 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)

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 Do	<u>se</u>				
X Remove	<u>v</u>	Mike Jones					
X Add	<u>şv</u>	<u>Sally Sr</u>	nith				
Type of Action (Check One)	<u>Title</u>		Name				<u>Addres</u> s
1) Change		_	NONE			_	
Add							
Remove							
2) Change	_	_				_	
Add							
Remove 3) Change		_			_	<u> </u>	
Add							
Remove							
4) Change		_			-	_	
Add							
Remove							
5) Change		_				_	
<b>Ad</b> d							
Remove							
რ) Change		_					
Add						•	
Remove							

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
ONE	
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· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
<del></del>	
If an amount must due for an arch	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	adoption: 04/25/2022	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	, <u>, , , , , , , , , , , , , , , , , , </u>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
•	proved by the shareholders through voting groups. The following 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	<u> </u>	
	(voting group)	
Dated 04/25/202	1	
Signature G. I	use Amonin of Signiffered	
	director, president or other officer – if directors or officers have no	t been
	ed, by an incorporator - if in the hands of a receiver, trustee, or oth	er court
appoir	ated fiduciary by that fiduciary)	
	GILMAR AMORIM DE SANTANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>

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