

P24000024201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

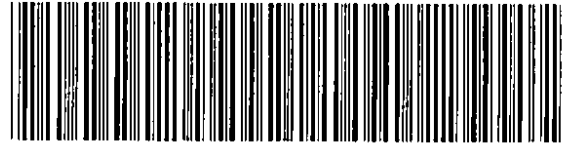
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600431204626

Amend

FILED
2024 JUL 11 PM 12 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL 11 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

JUL 12 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$35.00

AUTHORIZATION SIGNATURE: Jan Full
Global Tradex Solutions Corp P24000024201
BUSINESS (Name) Document #

- Walk in
- Mail out
- Photocopy
- Certified copies of
- Certificate of Status
- Pick up time
- Will wait

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- INC**
- LLP

INC

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion

REGISTRATION/QUALIFICATIONS

- Foreign Filing
- Limited Partnership
- Reinstatement
- Trademark
- Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL TRADEX SOLUTIONS CORP

DOCUMENT NUMBER: P24000024201

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Williams De Barros Santos

Name of Contact Person

GLOBAL TRADEX SOLUTIONS CORP

Firm/ Company

17570 Atlantic Blvd Apt 119

Address

Sunny Isles Beach Florida 33160

City/ State and Zip Code

marques.freitas27@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Williams De Barros Santos

at (646)

408-3363

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 &
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

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
of

FILED
2024 JUL 11 PM 12 18
SECRETARY OF STATE
TAMMSEL, FLORIDA

GLOBAL TRADEX SOLUTIONS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000024201

(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:

The new 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."

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

17570 Atlantic Blvd Apt 119

Sunny Isles Beach Florida 33160

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

17570 Atlantic Blvd Apt 119

Sunny Isles Beach Florida 33160

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:

Name of New Registered Agent David Williams De Barros Santos

17570 Atlantic Blvd Apt 119 Sunny Isles beach Florida 33160

(Florida street address)

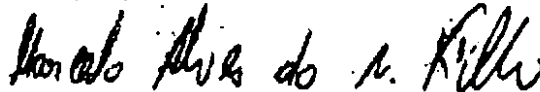
New Registered Office Address: 17570 Atlantic Blvd Apt 119 Sunny Isles beach, Florida 33160

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I am familiar with and accept the obligations of the position.



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)

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 Doe
X Remove V Mike Jones
X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Marcelo Alves do Nascimento Filho</u>	<u>300 BAYVIEW DR STE 506</u>
<input type="checkbox"/> Add			<u>SUNNY ISLES BEACH, FL 33160</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>David Williams De Barros Santos</u>	<u>17570 Atlantic Blvd Apt 119</u>
<input checked="" type="checkbox"/> Add			<u>Sunny Isles beach Florida 33160</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

July 11 2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated July 11 2024 _____

Signature Marcelo Alves do N. Filho

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DO NASCIMENTO FILHO, MARCELO ALVES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)