## P96000042070

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300227021353

04/05/12--01018--003 \*\*35.00

2012 APR 24 AM 9: 14
SECKETARY OF STATE

Amend

.

APR 2 6 2012

T. BROWN

## COVER LETTÉR

TO: Amendment Section
Division of Corporations

Please return all correspondence concerning this matter to the following:    FABIAN PERALTA	NAME OF CORPORATION: GARCE DOCUMENT NUMBER: P9600004	S & GARCES CARGO SERVICE INC. 2070	
FABIAN PERALTA  Name of Contact Person  GARCES & GARCES CARGO SERVICE INC.  Firm/ Company  2605 NW 75 AVE  Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  Name of Contact Person  at (786) 402-0032  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\begin{align*} \text{S35 Filing Fee} \text{Certificate of Status} \text{Certified Copy (Additional copy is enclosed) (Additional Copy (Additional Copy (Additional Copy)}	The enclosed Articles of Amendment and fee	are submitted for filing.	
Name of Contact Person  GARCES & GARCES CARGO SERVICE INC.  Firm/ Company  2605 NW 75 AVE  Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  at (786	Please return all correspondence concerning the	nis matter to the following:	
GARCES & GARCES CARGO SERVICE INC.  Firm/ Company  2605 NW 75 AVE  Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  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:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy	FABIAN PER	ALTA	
Firm/ Company  2605 NW 75 AVE  Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  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:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy		Name of Contact Person	
Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  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:  S35 Filing Fee  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy (Additional Copy	GARCES & G	ARCES CARGO SERVICE INC.	
Address  MIAMI, FL 33122  City/ State and Zip Code  fperalta@ggcargo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Fabian Peralta  at (786 ) 402-0032  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional Copy (Additional Copy		Firm/ Company	
City/ State and Zip Code    For alta@ggcargo.com     E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:	2605 NW 75	AVE	
City/ State and Zip Code    fperalta@ggcargo.com     E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Fabian Peralta		Address	
City/ State and Zip Code    fperalta@ggcargo.com     E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Fabian Peralta	MIAMI, FL 33	122	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Tabian Peralta			
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:  \$\Begin{array}{l} \text{ Area Code & Daytime Telephone Number} \end{array}\$  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{l} \text{ \$\Begin{array}{l}	E-mail address: (to	be used for future annual report notification)	
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 & \$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is certified Copy  (Additional Copy  (Additional Copy	Fabian Peralta at (786 ) 402-0032		
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee \\ Certificate of Status	Name of Contact Person		
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	Enclosed is a check for the following amount made payable to the Florida Department of State:		
		tus Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	
Mailing Address Street Address	Mailing Address	Street Address	
Amendment Section Amendment Section	Amendment Section	Amendment Section	
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301



April 6, 2012

FABIAN PERALTA GRACES & GARCES CARGO SERVICE, INC. 2605 NW 75 AVE MIAMI, FL 33122

SUBJECT: GARCES & GARCES CARGO SERVICE, INC.

Ref. Number: P96000042070

We have received your document for GARCES & GARCES CARGO SERVICE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 712A00011218

## **Articles of Amendment** to Articles of Incorporation

## GARCES & GARCES CARGO SERVICE, INC.

,		
•		ZOIZAPRZU AM S. I.  TALLAHASSEE, FLORIOA
, , , , , Arti	icles of Amendment	FILE
	to	28/2 En
Artic	les of Incorporation of	APA 21
GARCES & GARCES CARGO SEF		TALL SETAL AND
		MASSOCIE ST
(Name of Corporation as currently filed w P96000042070	ith the Florida Dept. of State	OFFE, FLORITE
	100	
(Document Number of Corp.	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	ites, this Florida Profit Corpor	ration adopts the following amend
A. If amending name, enter the new name of the corpora	ation:	
ame must be distinguishable and contain the word "ca	- 4' 35 (/ 14	The i
Corp.," "Inc.," or Co.," or the designation "Corp," "Incorp "Incorp," "Incorp	viation "P.A."	corporation name must contain
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(</u> )	
	<del> </del>	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
. If amending the registered agent and/or registered off	ica address in Florida, antar	the name of the
new registered agent and/or the new registered office	address:	the name of the
Name of New Registered Agent		
Name of New Registered Agent		
(FI	orida street address)	
New Registered Office Address:	,, F	Florida
	(City)	(Zip Code)
w Kegistered Agent's Signature, if changing Registered	Agent:	igations of the mosition
ологу иссерстве арронитет из гединегей адені. Тит ја	miliar with and accept the oot	igunons of the position.
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent:   miliar with and accept the obl.	igations of the position.

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> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change  Change  Add  Remove	VP	LUIS GONZALEZ	6917 COLLINS AVE APT 726 MIAMI BEACH, 33141
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove		-	
5) Change Add Remove	<del></del>	·	
6) Change Add Remove			

	ional sheets, if ne	tessury). (Be Sp	pecific)			
		· · · · · · · · · · · · · · · · · · ·				
	···			·		
<u>-</u> -						
				· · · · · · · · · · · · · · · · · · ·		
·····		<del>_</del>				
<del></del>						<del></del>
<u> </u>		<del></del>				
					-	-
			····			
	<del></del>		· <del>-</del>	<u> </u>		······································
<u>ovisions fo</u>	nent provides for implementing opticable, indicate	r an exchange, rec the amendment is 2 N/A)	classification, o f not contained	r cancellation of in the amendm	f issued shares, ent itself:	
		·				
	•				· <del></del>	
				<u> </u>		
		<del></del>				
						<del></del> ,
			···			

The date of each	h amendment(s) adoption: FEBRUARY 20, 20 (2)
Effective date <u>if</u>	applicable:  (no more than 90 days after amendment file date)
	(no more than 50 days after amenanem free date)
Adoption of Am	endment(s) (CHECK ONE)
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendme action was not	ent(s) was/were adopted by the board of directors without shareholder action and shareholder required.
The amendme action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.
	FEBRUARY 20, 2012
	Signature FABIAN PERALTA Juniou Franch
	(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)
	FABIAN PERALTA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)