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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GARCES & GARCES	CARGO SERVICE, INC			
DOCUMENT NUMBER: P96000042070				
The enclosed Articles of Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
PATRICIA GARCES				
1	Name of Contact Person			
GARCES & GARCES CARGO SERVICE, INC				
	Firm/ Company			
1800 NW 89TH PLACE				
Address				
DORAL, FLORIDA, 33172				
	City/ State and Zip Code			
PGARCES@GGCARGO.COM				
E-mail address: (to be used to	or future annual report notification)			
For further information concerning this matter, please call:				
PATRICIA GARCES	at (305) 477-4766			
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:				
Certificate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

GARCES & GARCES CARGO SERVICE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P96000042070 (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." 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) 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 (Florida street address) New Registered Office Address: Florida (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.

Signature of New Registered 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	MARIA F REYES	1800 NW 89TH PLACE
X Add			DORAL, FL., 33172
Remove			
2) Change	D	DANIEL ARREDONDO	1800 NW 89TH PLACE
X Add			DORAL, FL., 33172
Remove			
3) Change	D	MARILIA TATSUMI	1800 NW 89TH PLACE
X Add			DORAL, FL., 33172
Remove			
4) Change	D	MANUEL REYES	1800 NW 89TH PLACE
X Add			DORAL, FL., 33172
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

If amending or adding additional A Attach additional sheets, if necessar	v). (Be specific)
<u> </u>	
If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 wi document's effective date on the Department of State's records.	II not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (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)	
, , , , , , , , , , , , , , , , , ,	
PATRICIA GARCES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	