## P9700071891

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C. GOLDEIN AUG 2 7 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	Gl	JIDANT TI	RADE, INC.	
DOCUMENT NUMBER:		P970000	71891	
The enclosed Articles of Amendm	ent and fee are sul	bmitted for	filing.	
Please return all correspondence co	oncerning this mat	ter to the fo	llewing:	
		REINALD(	O SARAIVA	
·	<u> </u>	Name of	Contact Perso	n
	G	SUIDANT 1	TRADE, INC.	
	•	Firm	/ Company	
		9948 NW	5th LN	
			Address	
	M	MAMI, F	FL 33172	
		City/ Sta	te and Zip Cod	c
	rav	@miamipe	rfume.net	
E-mail	address: (to be us	_		notification)
For further information concerning	this matter, pleas	e call:		
REINALDO SARAIVA		:	305	225 1005
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made p	ayable to th	ie Florida Depa	artment of State:
	75 Filing Fee & ficate of Status	Certifie	nal copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	cion orations		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

P97000071891

## FILED

2018 AUG 24 PM 3: 46

(Name of Corporation as currently filed with the Florida Dept. of State) No. (ARY OF STATE TALL AHASSEF, FI

(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)

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

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

I hereby accept the appointment as registered agent. I am familiar with advected the obligations of the position.

Signature of New Ngistred Agent, if changing

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

**AVENTURA** 

DIOGENES RUIZ DIAZ

2780 N.E. 183rd Street Apt. 607

(Florida street address)

(City)

Florida

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Office Address:

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	$\underline{V}$	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			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	<del></del>
I an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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· y · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

	08/20/2018	is national along the
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.	0/2010	
U6/2 Effective date i <u>f applicable</u> :	0/2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amene fficient for approval.	iment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendments	statement s):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.		
August 20	), 2018.	
Dated		
Signature	The state of the s	
	irector, president or other officer – if directors or officers have no	
	<ul> <li>d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary)</li> </ul>	er court
арропі	ted fiduciary by that fiduciary)	
	REINALDO SARAIVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	