## V12127

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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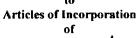
C. CARROTHERS

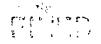
## **COVER LETTER**

| Division of Corporations                                       |  |  |
|--|--|--|
| NAME OF CORPORATION: South A                                   | Imerican F   | reight International   |
| DOCUMENT NUMBER: V 1212 3                                      | <u> </u>   |  |
| The enclosed Articles of Amendment and fee are suf             | bmitted for filing.  |  |
| Please return all correspondence concerning this mat           | ter to the following:  |  |
| Jorge L<br>South America                                       | Name of Contact Person   | ternational INC  |
| 12704 SW   | Firm/Company  44 terr  | e marionar + re c  |
| Mian   | Address  Ni FC 33  City/ State and Zip Code                        | 175  |
| LFernandez<br>E-mail address: (to be us                        | <u> 69 lobal 059 Co</u><br>ed or future annual report              | notrication)   |
| For further information concerning this matter, pleas          | e call:  |  |
| Jorgel Fernandez   | at ( 786   | 295-4026  de & Daytime Telephone Number  |
| Traine of Contact reson  |  | ,  |
| Enclosed is a check for the following amount made p            | payable to the Florida Depa  | rtment 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  |  | Address  |
| Amendment Section Division of Corporations                     |  | ment Section<br>n of Corporations  |
| P.O. Box 6327 Clifton Build                                    |  | Building   |
| Tallahassee, FL 32314 2661 Executive Center Circle             |  |  |

Tallahassee, FL 32301

## Articles of Amendment to





| (Name of Corporation as currently  | filed with the Florida Dept. of State)   | 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|--|--|
| V12  | 12+  |  |
| (Document Number of  | of Corporation (if known)  |  |
| suant to the provisions of section 607.1006, Flori<br>Articles of Incorporation:   | rida Statutes, this Florida Profit Corporation adopts the following ar   | nendment(                              |
| If amending name, enter the new name of the  | corporation:   |  |
| Global as9 Caro  | 70 Inc.  | e new                                  |
|  | vord "corporation," "company," or "incorporated" or the abbro<br>orp," "Inc," or "Co". A professional corporation name must con-<br>he abbreviation "P.A." |  |
| Enter new principal office address, if applicab  |  |  |
| incipal office address <u>MUST BE A STREET AL</u>  | DDRESS)  |  |
|  |  |  |
|  | <del></del>  |  |
| Enter new mailing address, if applicable:  | nov.   |  |
| (Mailing address <u>MAY BE A POST OFFICE B</u>   | <u> </u>   |  |
|  |  |  |
|  |  |  |
|  |  |  |
| If amending the registered agent and/or registered   | tered office address in Florida, enter the name of the   |  |
| If amending the registered agent and/or regist<br>new registered agent and/or the new registere  | tered office address in Florida, enter the name of the ed office address:  |  |
| new registered agent and/or the new registere  |  |  |
|  |  |  |
| new registered agent and/or the new registere  |  |  |
| new registered agent and/or the new registere  Name of New Registered Agent  | (Florida street address)   |  |
| new registered agent and/or the new registere  | ed office address:   |  |
| new registered agent and/or the new registere  Name of New Registered Agent  | ed office address:  (Florida street address) , Florida   |  |
| new registered agent and/or the new registere  Name of New Registered Agent  New Registered Office Address:  | (Florida street address) , Florida (City) (Zip Code)   |  |
| new registered agent and/or the new registere  Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if changing Regis | (Florida street address) , Florida (City) (Zip Code)   |  |

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 Do  | <u>e</u>     |                                       |
|-------------------------------|--------------|----------|--------------|---------------------------------------|
| X Remove                      | <u>V</u>     | Mike Joi | <u>nes</u>   |                                       |
| X Add                         | <u>sv</u>    | Sally Sm | n <u>ith</u> |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name         | <u>Addres</u> s                       |
| 1) Change                     | **           |          |              |                                       |
| Add                           |              |          |              |                                       |
| Remove                        |              |          |              |                                       |
| 2) Change                     |              | _        |              |                                       |
| Add                           |              |          |              | <del></del>                           |
| Remove                        |              |          |              |                                       |
| 3) Change                     |              | _        |              |                                       |
| Add                           |              |          |              |                                       |
| Remove                        |              |          |              |                                       |
| 4) Change                     |              | _        |              |                                       |
| Add                           |              |          |              |                                       |
| Remove                        |              |          |              |                                       |
| 5) Change                     |              | _        |              |                                       |
| Add                           |              |          |              |                                       |
| Remove                        |              |          |              | · · · · · · · · · · · · · · · · · · · |
| 6) Change                     |              |          |              |                                       |
| Add                           |              | _        |              |                                       |
| Remove                        |              |          |              |                                       |
|                               |              |          |              |                                       |

| <del></del>   |
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|               |
| ssued shares, |
| t itself:     |
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| _             |

| The date of each amendment(s) addate this document was signed. | loption:   | , if other than the |
|--|--|---------------------|
| Effective date if applicable:                                  |  |                     |
| Effective date <u>it applicable</u> .                          | (no more than 90 days after amendment file date)   | _                   |
| Adoption of Amendment(s)                                       | (CHECK ONE)  |                     |
| The amendment(s) was/were ado by the shareholders was/were su  | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |                     |
|  | proved by the shareholders through voting groups. The following statement 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   | ,11  |                     |
| •  | (voting group)   |                     |
| The amendment(s) was/were ado action was not required.         | pted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/were ado action was not required.         | pted by the incorporators without shareholder action and shareholder   |                     |
| Dated  | -26-14   |                     |
| Signature  | irectory president of other officer – if directors or officers have not been   |                     |
| selecte  | by an incorporator – if in the hands of a receiver, trustee, or other court determined fiduciary)  |                     |
|  | Joige L Fernández  | <del></del>         |
|  | Torge L ternandez (Typed or printed name of person signing)  Procesicles t   |                     |

(Title of person signing)