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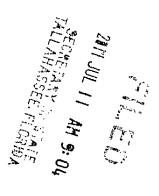
(Requestor's Name)
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(Document Number)
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7/12/1



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GEMAT	RIA SSS, INC	
DOCUMENT NUM	BER:	11067	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	TENANO.	A MAOHI f Contact Person)	
	(Name of	f Contact Person)	
	(Firm	n/ Company)	
	37130 C.R.	439 Address)	
	`	,	,
	EUSTIS, FL.	3 2736 ate and Zip Code)	
 	(City/ Sta	ate and Zip Code)	
	TENANDA 888 E-mail address: (to be use	e hot mail com ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
TENAN (Name	of Contact Person)	at (<u>352</u>) <u>978</u> (Area Code & Dayti	-3043 ime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt 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)
	ng Address Idment Section	Street Address Amendment Section	,
Divis	on of Corporations	Division of Corporati	ons
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Artic	eles of Incorporation	of State)
	of	Control of the second
	TRIA 888, INC.	
	ently filed with the Florida Dept.	or State)
(Document Num	ber of Corporation (if known)	
fursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In	Florida Statutes, this Florida Not	For Profit Corporation adopts
. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or	ontain the word "corporation" or "Co." may not be used in the na	"incorporated" or the me.
3. <u>Enter new principal office address, if appl</u> Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
-		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changin hereby accept the appointment as registered osition.		accept the obligations of the
	anature of New Registered Agent	if alamaina

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)

<u>Title</u>	Name	Address	Type of Action
<u>T</u>	THORAM CHARANDA	3975 DORAWOOD DR. MT. DORA, FL. 32757	Add Remove
			_
			Add Remove
E. If amen (attach a	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec	r change(s) here: ific)	

The date of each amendment(s) adoption: 1/5/1/
Effective date if applicable:	(date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	1/6/11 Tou anda Malh
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	TENANDA MADHÍ
	(Typed or printed name of person signing)
	PS
	(Title of person signing)