

P07 0000 80101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

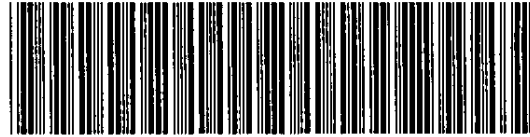
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MASTER SANG'S TNT INC OF WESTON

**DOCUMENT NUMBER:** H07000179516

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK MOYAL

Name of Contact Person

MOYAL ACCOUNTING SERVICES INC

Firm/ Company

10796 PINES BLVD SUITE 204

Address

PEMBROKE PINES FL 33026

City/ State and Zip Code

MOYALACCOUNTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK MOYAL at ( 954 ) 430-3930  
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:

- |                                          |                                                                                   |                                                                                                     |                                                                                                                            |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MASTER SANG'S TNT INC OF WESTON

DOCUMENT NUMBER: P07000080101

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEOKLAN LIM

Name of Contact Person

AMERICAN TIGERS, INC

Firm/ Company

16600 SADDLE CLUB DRIVE ROAD

Address

WESTON, FLORIDA 33326

City/ State and Zip Code

ORCHIDLIM@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORCHID LIM

Name of Contact Person

at ( 954 ) 529-8619

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 &  
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**

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Tallahassee, FL 32314

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Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
JUL 11 2012

2012 JUL -5 AM 9:36

RECEIVED  
JUL 11 2012  
SUFFICIENCY OF FEE

Articles of Amendment  
to  
Articles of Incorporation  
of

**MASTER SANG'S TNT INC OF WESTON**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P07000080101**

(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:**

**AMERICAN TIGERS, INC**

*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**)

**16600 SADDLE CLUB ROAD**

**WESTON, FLORIDA 33326**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**16600 SADDLE CLUB ROAD**

**WESTON, FLORIDA 33326**

**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*

**PATRICK MOYAL**

**10796 PINES BLVD # 204**

(Florida street address)

*New Registered Office Address:*

**PEMBROKE PINES**

(City)

**Florida 33026**

(Zip Code)

**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 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:

|                                            |    |             |
|--------------------------------------------|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input type="checkbox"/> Remove            | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

| Type of Action<br>(Check One)                                                                         | Title | Name  | Address                 |
|-------------------------------------------------------------------------------------------------------|-------|-------|-------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | _____ | _____ | _____<br>_____<br>_____ |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 06/25/2012

Effective date if applicable: 06/25/2012

(no more than 90 days after amendment file date)

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)

- ☐ 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.

Dated 06/25/2012

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)

SEOKLAN LIM

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)