## 341750

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_TRANS-MARKET SALES & EQUIPMENT, INC. DOCUMENT NUMBER: 341750 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karyn Maguregui Name of Contact Person Trans-Market Sales & Equipment, Inc. Firm/ Company 8915 Maislin Drive Address Tampa, FL 33637 City/ State and Zip Code kmaguregui@transmarket.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 988-6146

Area Code & Daytime Telephone Number Karyn Maguregui Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as current	ly filed with the Florida Dept. of State	1 to 10 to 1
41750			不 子
		f Corporation (if known)	The C.
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	ollowing Miendment(s
If amending name, enter the new na	me of the corporation:		
/A			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" of "Co". A professional corporation name "P.A."	the abbreviation
Enter new principal office address,	if annlicable:	N/A	
rincipal office address MUST BE A S			
			<u></u>
Enter new mailing address, if applicable:		N/A	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)	IVA	
If amending the registered agent an new registered agent and/or the new		ress in Florida, enter the name of the	
	N/A	<del>1.</del>	
Name of New Registered Agent			
	(El suide sa		<del></del>
		reet address)	<del></del>
New Registered Office Address:	(Florida st	rees 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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mil</u>	Mike Jones		
X Add	<u>SV</u> <u>Sali</u>	ly Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) X Change	PD	KEITH SANTI	8915 MAISLIN DRIVE	
Add			TAMPA, FL 33637	
Remove				
2) X Change	VD	KYLE SANTI	8915 MAISLIN DRIVE	
Add			TAMPA, FL 33637	
Remove				
3) X Change	VD	RYAN SANTI	8915 MAISLIN DRIVE	
Add			TAMPA, FL 33637	
Remove				
4) Change	VTSD	KARYN MAGUREGUI	8915 MAISLIN DRIVE	
X Add			TAMPA, FL 33637	
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change				
Add				
Remove				

	ch <i>additional she</i>	ng additional Art	(Be specific)				
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I an	visions for imp	ovides for an exclementing the ame	nange, reclassing	ation, or cancent	<u>ation of issued si</u> nendment itself:	nares,	
nro	(if not applicab	le, indicate N/A)				•	
<u>pro</u>							
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A							

N/A The date of each amendment(s) adoption:	, if other than the
date this document was signed.	_, if other than the
Effective date if applicable:	
Effective date if applicable:  (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 will redocument's effective date on the Department of State's records.	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.	
6/9/15 Dated	
Signature Keith Sants	_
(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)	
KEITH SANTI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	