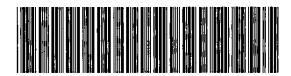
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The Trilax Group, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James R. Lax Name of Contact Person The Trilax Group, Inc. Firm/ Company 1855 W.S.R. 434 Ste. 260 Address Longwood, FL 32750 City/ State and Zip Code trilaxgroup@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James R. Lax 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation of

to

The Trilax Group, Inc.		军 4
(Name of Corporation as currently filed with the F	lorida Dept. of State)	7/3 o 1/3
J95044		Letter the tends
(Document Number of Corporation (if	f known)	5
D	El II Bustos de Començão de Col	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	rioriaa rroju Corporation adopts the fol	Je i
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:	1855 W.S.R. 434 Ste.	260
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Longwood, FL 32750	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1855 W.S.R. 434 Ste.	260
<u> </u>	Longwood, FL 32750	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
1855 W.S.R. 43	4 Ste. 260	
(Florida str	eet address)	
New Registered Office Address: Longwood	. Florida 32750	0
(City)		de)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w		ition.
NIA Signature of New Registered A	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; \ V = Vice \$ 

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(be specifie)
	<del></del>
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
<del></del>	

The date of each amendment(s) adoption: N/A		
date this document was signed.		
Effective date if applicable: September 5, 2014		
(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.	3)	
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):	ent	
"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 shareholde action was not required.	er	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated September 5, 2014		
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 cour	4	
appointed fiduciary by that fiduciary)	•	
James R. Lax		
(Typed or printed name of person signing)		
President		
(Title of person signing)		