# M36980

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Please return all correspondence concerning this matter to the following:    SANTOS A ALBA	NAME OF CORE	E OF CORPORATION: AMA INTERNATINAL, INC		<u>C</u>	
Name of Contact Person  AMA INTERNATIONAL, INC Firm/ Company  385 WEST 29TH ST Address  HIALEAH, FL. 33012 City/ State and Zip Code  s_alba@bellsouth.net E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Santos A Alba at (305) 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:    \$335 Filling Fee	DOCUMENT NU	MBER:	M36980		
SANTOS A ALBA  Name of Contact Person  AMA INTERNATIONAL, INC  Firm/ Company  385 WEST 29TH ST  Address  HIALEAH, F.L. 33012  City/ State and Zip Code  s_alba@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Santos A Alba  at (305 887 5575  Name of Contact Person  Enclosed is a check for the following amount made payable to the Florida Department of State:    Santos A Striet Address   Street Address   Certificate of Status	The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Name of Contact Person  AMA INTERNATIONAL, INC Firm/ Company  385 WEST 29TH ST Address  HIALEAH, FL. 33012 City/ State and Zip Code  s_alba@bellsouth.net E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Santos A Alba at (305) 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:    \$335 Filling Fee	Please return all co	rrespondence concerning thi	s matter to the following:		
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Sature   Santos A Alba   Sature   Santos A Alba   Sature   Santos A Alba   Sature   Sature   Santos A Alba   Sature   Santos A Alba   Sature   Santos A Santos   Sa		N	ame of Contact Person		
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HIALEAH, FL. 33012  City/ State and Zip Code  S_alba@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Santos A Alba at (305) 887 5575  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:  S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations		Firm/ Company			
HIALEAH, FL. 33012  City/ State and Zip Code  s_alba@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Santos A Alba at (305) 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:  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section Division of Corporations  Amendment Section Division of Corporations		385 WEST 29TH ST			
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Santos A Alba  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:  \$\sum_{\$35\$ Filing Fee} \$\sum_{\$43.75\$ Filing Fee & Certificate of Status} \$\sum_{\$Certified Copy & Certificate of Status} \$\sum_{\$Certified Copy & Certified	<u></u>	s_alba E-mail address: (to be use	a@bellsouth.net d for future annual report notification)	· <del></del>	
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:  \$\sum_{355}\$ Filing Fee \$\sum_{343.75}\$ Filing Fee & \$\sum_{352.50}\$ Filing Fee & \$\sum_{35	For further inform	ation concerning this matter,	please call:		
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\sum_{35}\$ Filing Fee \$\sum_{343.75}\$ Filing Fee & \$\sum_{352.50}\$ Filing Fee & \$\sum_{352.50}		Santos A Alba			
■ \$43.75 Filing Fee & Certificate of Status      \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certificate of Status     \$52.50 Filing Fee     Certificate of Status     Certificat	Name	of Contact Person	Area Code & Daytime Tele	phone Number	
Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations  Certified Copy (Additional Copy is enclosed)  Amendment Section  Division of Corporations	Enclosed is a chec	k for the following amount n	nade payable to the Florida Departr	ment of State:	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	\$35 Filing Fee		Certified Copy	Certificate of Status	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Division of P.O. Box 6	nt Section f Corporations 327	Amendment Section Division of Corporations Clifton Building		

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of

FILED

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All the State of the State of the

#### AMA INTERNATIONAL INC.

(Name of Corporation as currently filed with the Florida Dept. of SateRETARY OF STATE TALLAHASSEE, FLORIDA

M36980 (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: N/A 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: ALBA, SANTOS A (Principal office address MUST BE A STREET ADDRESS) 155 GARDENIA STREET TAVERNIER KEY FL 33070 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 385 WEST 29TH ST HIALEAH, FL 33012 US 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: ALBA, SANTOS A. Name of New Registered Agent: 155 GARDENIA STREET New Registered Office Address: (Florida street address) TAVERNIER KEY , Florida\_33070 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agen

I hereby accept the appointment as registered agent I am familiar with and a of the foligations 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PVST	ALBA, SANTOS A	155 GARDENIA STREET TAVERNIER LEY FLORIDA, 33070	_ <b>M</b> Add □ Remove
<u>P</u>	ALBA, ALEXIS	8561 NW 163 TH TERRACE MIAMI LAKE FLORIDA 33016	_ ☐ Add ☐ ☑ Remove
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
N/A			
			·
			<del>-</del>
provisi		ge, reclassification, or cancellation of i ent if not contained in the amendment	
N/A			n
	Name of the Control o		
		,	

The date of each amendment(s) adoption: DECEIVIDER 22, 2010	
Effective date if applicable: DECEMBER 26, 2010	ed)
(no more than 90 days after amendment file	
Advision of Amendment (a) (OVECH ONE)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by"	
by"  (voting group)	
The amendment(s) was/were adopted by the board of directors without shaction was not required.	nareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehaction was not required.	older action and shareholder
Dated_DECEMBER 22, 2010 Signature	
(By a director, president or other officer - if direc	
selected, by an incorporator – if in the hands of a appointed (iduciary by that fiduciary)	receiver, trustee, or other court
SANTOS A ALBA	
(Typed or printed name of person	n cionina)
(1 yped of printed name of person	n siknink)
PRESIDENT/D	
(Title of person signing)	