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| (Re | equestor's Name) | | |
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| (Ad | dress) | | |
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| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL MAIL | |
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| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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PERSONAL SERVICES OF THE PROPERTY OF THE PROPE

May 3/10

COVENDETIEN

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: TRU-PROOF INC |
| DOCUMENT NUMBER: <u>POOOOO7410</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ALEX RoJAS Name of Contact Person |
| TRU-PROOF INC Firm/Company |
| 8431 SW 100 ST Address |
| |
| Miami, FL 33156 City/ State and Zip Code ALEX RROTAS & AOL. Com E-mail address: (to be used for future annual report notification) |
| City/ State and Zip Code |
| HLEX RROJAS & AOL. Com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| ALEX ROJAS at (305) 270-6/// Name of Contact Person at (305) 270-6/// Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| Sas Filing Fee Securificate of Status Status Status Status Securificate of Status Status Securificate of Status Securificate Organization Securification |
| Mailing Address Street Address |
| Amendment Section Amendment Section Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661, Executive Center Circle |

Tallahassee, FL 32301

to Articles of Incorporation of

| NC COM TO THE |
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| the Florida Dept. of State) |
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| ion (if known) |
| es, this Florida Profit Corporation adopts the following |
| <u>n:</u> |
| The new |
| oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A." |
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| address in Florida, enter the name of the dress: |
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| ida street address) |
| , Florida |
| (Zip Code) |
| gent: |
| iliar with and accept the obligations of the position. |
| |
| Registered Agent, if changing |
| o de la |

| | nd title, name, and address of each Officitional sheets, if necessary) | cer and/or Director being added: | |
|-----------------|--|---|----------------|
| Title ' | Name | <u>Address</u> | Type of Action |
| | | | |
| SKCRRTA | NY DANIAL A ALUARRZ | 5700 SW 108 MiAM:, FL 33173 | |
| | | | |
| (attach ad | ding or adding additional Articles, enterdiditional sheets, if necessary). (Be specially is is To Confidence of the Source of th | ific) | |
| 578 | 6 SW 1087 PL | MiAMI, FL 3 | 3/73 |
| HAS | BARN GIVEN 10 | 6 OWNANSHIP | |
| <u> 1</u> N | -/120- /200F &x | UC | |
| provision (if n | nendment provides for an exchange, reports for implementing the amendment if of applicable, indicate N/A) 1.5 is To Confident A. AL | inot contained in the amendmen in m THS7 IANRZ OF | t itself: |
| 5780 | 5 Shan Givan | MiAMI, FL | 33//3 |
| /\/AS | TRU-PROOF IN | 10/0 UWNANS! | 4.0 |
| <u> </u> | 1160-17001 20 | <i>L</i> | |

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|--|--|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| • | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| * * | re approved by the shareholders through voting groups. The following statement of 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) |
| action was not required. The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Signature (By sele | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) (Title of person signing) |