## P030000004668

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(Ac	ldress)	
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SECRETARY OF STATE
AND ASSECT FROM

MAR 2 8 2014 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: F.L. INVE		OP, INC.	
DOCUMENT NUM	BER: P030000246	668		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	TANYA QUIRO	Z		
		Name of Contact Person	n	
	F.L. INVESTME	ENT GROUP, I	NC.	
		Firm/ Company		
	4101 ALVERAD	OO ST		
		Address		
	ORLANDO, FL	32812		
		City/ State and Zip Cod	e	
TA	NYAQUIROZ@	HOTMAIL.COM	М	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
TANYA QU	IROZ	at (407	, 501-0816	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
	-			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
		(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy is enclosea)	
Ma	iling Address	Street	Address	
Am	endment Section	Amend	Iment Section	
•	vision of Corporations  D. Box 6327		on of Corporations Building	
	lahassee, FL 32314		xecutive Center Circle	
	lallassee, I'L 32314			
1 21				
	lanassee, I'L 32314		assee, FL 32301	

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

## F.L. INVESTMENT GROUP, INC.

14 HAR 27 PM 2: 42

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

P03000024668

SECRETARY OF STATE TALLAHASSEE, FLORIDA

dment(s) to

(Document Number	r of Corporation (if known)		,
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this Florida Proj	fit Corporation adopts the following a	amendme
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co". A pro	ny," or "incorporated" or the abb	The new breviation ontain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
D. If amending the registered agent and/or reginew registered agent and/or the new registered		da, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		ept the obligations of the position.	
Signature o	f New Registered Agent, if chai	nging	

Page 1 of 4

If amending the Officers and/pr Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/pr 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.

X Change	PT John	n Doe	
X Remove	V Mik	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	EDDY A QUIROZ Vasques	4101 ALVERADO ST
Add		Vasques	ORLANDO, FL 32812
Remove			
2) Change	PD	EDDY A. QUIROZ	4101 ALVERADO ST
✓ Add		1	ORLANDO, FL 32812
Remove			
3) Change	AMBR	QUIVAS, S.R.L.	CALLE PROF. JUAN BOS
Add		, , , , , , , , , , , , , , , , , , ,	PUERTO PLATA, DOMINIC
Remove			REPUBLIC
4) Change	AMBR	QUIVAS CARGO	CALLE PROF. JUAN BOSC
<b>√</b> Add		QUIVAS CARGO EXPRESS, S.R.L.	PUERTO PLATA, DOMINIC
Remove			REPUBLIC
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attacr	1.10.00 1 1 1 1.00	· ·	(D :C)	ge(s) here:		
	additional sheets, if r	iecessary).	(Be specific)			
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		_				
<u>lf an a</u>	nmendment provides	for an excha	nge, reclassific	cation, or cance	llation of issued	shares,
prov	isions for implementi	ing the amen	inge, reclassific dment if not co	cation, or cance ontained in the s	llation of issued amendment itse	shares, f:
prov	amendment provides isions for implementi if not applicable, indic	ing the amen	nge, reclassific dment if not co	cation, or cance ontained in the s	llation of issued amendment itse	shares, f:
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prov	isions for implementi	ing the amen	ange, reclassific	eation, or cance	llation of issued amendment itse	shares, f:

ffective date if applicable:	
	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 03/20/20	)14
Signature	Bry Ducy
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	TANYA QUIROZ
	(Typed or printed name of person signing)
	TD
	(Title of person signing)

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SECRELARY OF STATE
SECRELARY SEE FLORIDA