## P04000065129

| (Re                                     | questor's Name)      |           |  |
|---|----------------------|-----------|--|
| (Ad                                     | dress)               |           |  |
| (Ad                                     | dress)               |           |  |
| (Cit                                    | ty/State/Zip/Phone # | ¥)        |  |
| PICK-UP                                 | ☐ WAIT               | MAIL      |  |
| (Business Entity Name)                  |                      |           |  |
| (Document Number)                       |                      |           |  |
| Certified Copies                        | _ Certificates o     | of Status |  |
| Special Instructions to Filing Officer: |                      |           |  |
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ZEG JUN 17 AM II: S

Amend TB 6/19/09

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |  |  |  |
|--|--|--|--|--|--|
| NAME OF CORPORATION: F.T.B.C. Inc.   |  |  |  |  |  |
| DOCUMENT NUMBER: P0400065129   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |  |
| ALEXANDER ZAMBRANO   |  |  |  |  |  |
| Name of Contact Person   |  |  |  |  |  |
| F. T. B.C. Inc   |  |  |  |  |  |
| Firm/ Company  |  |  |  |  |  |
| 1532 DOEXCL AV. #202   |  |  |  |  |  |
| MIAMI - FRORIDA 33139  City/ State and Zip Code  FTBC 75 Q Y2h00 COM  E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:    WEXAMDEL ZAMBRAND at (954) 7094951   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:  |  |  |  |  |  |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee &\bigcup \Certificate of Status \$\bigcup \\$43.75 Filing Fee &\bigcup \Certificate of Status \$\bigcup \\$Additional copy is enclosed\$\bigcup \Certified Copy  (Additional Copy is enclosed) |  |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building   |  |  |  |  |  |

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

| Ai treies of Amendment   |  |  |  |  |
|--|--|--|--|--|
| to 200 /// 2   |  |  |  |  |
| Articles of Incorporation  |  |  |  |  |
| of Wisco   |  |  |  |  |
| Articles of Amendment to  Articles of Incorporation of  ALECAE ANII: 55  (Name of Corporation as currently filed with the Florida Dept. of State)  |  |  |  |  |
| (Name of Corporation as currently filed with the Florida Dept. of State)   |  |  |  |  |
| DOUDOON LOO  |  |  |  |  |
| - F 0400065129 416 <sub>3</sub>  |  |  |  |  |
| (Document Number of Corporation (if known)   |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |  |  |  |  |
| A. If amending name, enter the new name of the corporation:  |  |  |  |  |
| 11/0   |  |  |  |  |
| The new  |  |  |  |  |
| 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." |  |  |  |  |
| J/A  |  |  |  |  |
| B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)   |  |  |  |  |
| (Frincipul Office address MOST BE A STREET ADDRESS)  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
| C. Enter new mailing address, if applicable:   |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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:   |  |  |  |  |
| Name of New Registered Agent: AKKANDER LAMBEANO  |  |  |  |  |
| 1532 Diexel N 4202   |  |  |  |  |
| New Registered Office Address: (Florida street address)  |  |  |  |  |
| MIAMI BOAN Florida 33/39   |  |  |  |  |
| (City) (Zip Code)  |  |  |  |  |
| New Destate and Amenta Signature if changing Destate and Amenta  |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.  |  |  |  |  |
| (DM/m/m/).   |  |  |  |  |
| L(W/ /W///////   |  |  |  |  |
| 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>   | <u>Address</u>                     | Type of Action        |
|--------------|---|------------------------------------|-----------------------|
| VP.          | RICARDO H. MIRANDA  | 7965 SW<br>23 St MIAMI-FL<br>33165 | Add Remove            |
|              |   |                                    | Add Remove            |
|              | _   |                                    | _ ☐ Add<br>_ ☐ Remove |
|              | mending or adding additional Articles, enter of the additional sheets, if necessary). (Be specif                    |                                    |                       |
|              |   |                                    |                       |
|              | an amendment provides for an exchange, reclovisions for implementing the amendment if not applicable, indicate N/A) |                                    |                       |
|              |   |                                    |                       |
|              |   |                                    |                       |
|              |   |                                    |                       |

| The date of each amendment(s) adoption: |   |   |  |  |  |
|---|---|---|--|--|--|
| . •                                     | •   | (date of adoption is required)  |  |  |  |
|   | Éffective date <u>if applicable</u> :               | (no more than 90 days after amendment file date)  |  |  |  |
|   | Adoption of Amendment(s)                            | (CHECK ONE)   |  |  |  |
|   | The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are 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                                | east for the amendment(s) was/were sufficient for approval  |  |  |  |
|   | by  | (voting group)  |  |  |  |
|   | The amendment(s) was/wer action was not required.   | e adopted by the board of directors without shareholder action and shareholder  |  |  |  |
|   | The amendment(s) was/wer action was not required.   | re adopted by the incorporators without shareholder action and shareholder  |  |  |  |
|   | Dated   | 06/08/2009  |  |  |  |
|   | Signature   | Dw/m/m/D:   |  |  |  |
|   | (By<br>sele   | a director, president or other efficer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |  |  |  |
|   |   | ALEXANDER ZAMBRAND  |  |  |  |
|   |   | (Typed or printed name of person signing)   |  |  |  |
|   |   | PTD   |  |  |  |
|   |   | (Title of person signing)   |  |  |  |