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JUN 23 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Transamerica Trai	ning Management, Inc			
	BER: P04000156017				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gabriel Albelo				
		Name of Contact Persor	1		
	Transamerica Training Mana	gement, Inc			
		Firm/ Company			
	6505 Blue Lagoon Dr. suite 105				
		Address			
	Miami, Fl. 33126				
	City/ State and Zip Code				
		,			
galbe	elo@tamtraining.com				
	E-mail address; (to be us	sed for future annual report	notilication)		
For further informatic	on concerning this matter, pleas	se call:			
Gabriel Albelo		305	7282399		
Name	of Contact Person	at (305) 7282399 Area Code & Daytime Telephone Num			
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 (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy 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			
1.31	lahassee, FL 32314	20014:	ACCULIVE CEMICE CHICIC		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Transamerica Training Management, Inc

(Name o		ly filed with the Florida Dept. of State	e)		
P04000156017			_		
	(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	followin	g amend	ment(s)
A. If amending name, enter the new na	ime of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc. " or	"Co". A professional corporation nan		hbreviat	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		6505 Blue Lagoon Dr. suite 105			
		Miami, FL 33126			
					_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	6505 Blue Lagoon Dr. suite 105		\$ 5.5		
		Miami, FL 33126		<u></u>	٠.٦
			-	:	;
D. If amending the registered agent an new registered agent and/or the new			; ; 3 -	¥.00	_
Name of New Registered Agent	Gabriel Albelo	_			
	7528 Los Pinos Blvd			_	
	(Florida st	rcet address)		_	
New Registered Office <u>Address</u> :	Coral Gables	, Florida_	33143		_
		(City)	(Zip	Code)	

New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: 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	$\overline{\mathbf{bL}}$	John Doc	
X Remove	$\underline{\Sigma}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	PT	Barry Flink	16710 SW 82 Court
Add			Miami, FL 33157
X Remove			
2) X Change	PT	Gabriel Albelo	7528 Los Pinos Blvd
Add			Coral Gables, FL 33143
Remove			
3) Change			Application in the second seco
Add			
Remove			
41 Change			
Add			
Remove			
5) Change		· - -	
Add			
Remove			
6) Change			
Add			
Remove			
KCHIOVC			

Attach additional sheets, if necessary)	(Be specific)			
·		· · · · · · · · · · · · · · · · · · ·		
				
				-
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		•		
				
		18		
				•
				
If an amendment provides for an exc provisions for implementing the ame	nange, reclassificatio	on, or cancellation o	f issued shares,	
(if not applicable, indicate $N A$)	<u>Bament ii not conta</u>	ined in the amendm	ent itseit:	
19				
			<u> </u>	
				

January 1, 2010 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, ii ookt man me
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r document's effective date on the Department of State's records.	iot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Hell Miles	
(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 court	
appointed (iduciary by that (iduciary)	
$\frac{Gabr. e / A/be/o}{\text{(Typed or printed name of person signing)}}$	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	