## 705000125519

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
. (0:	ty/State/Zip/Phone #)	
(CI	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
, (D.	ısiness Entity Name)	
(Br	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
	•	
Special Instructions to	Filing Officer:	
•	· ·	
	Office Use Only	



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2009 MAR 18 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FI OBIGA

Amend

TB 3/29/09

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:_LTM MOTOR GRO	DUP, INC.
	(Name of Corporation)
DOCUMENT NUMBER: PO	5000125519
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	concerning this matter to the following:
CARLOS HERBUT	
(Name of Pe	rson)
LTM MOTOR GROUP, INC.	
(Name of Firm/C	Company)
1903 SW 107 AVE., #1304	
(Address	s)
MIAMI, FL 33165	
(City/State and 2	Zip Code)
For further information concernin	g this matter, please call:
CARLOS HERBUT	at ( 305 ) 793-8532 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>LTM MO</u>	TOR GROUP, INC.	
DOCUMENT NUMBER: P0500012	25519	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	CARLOS HERBUT ne of Contact Person)	
(ivali	ne of Contact reison)	
	TM MOTOR GROUP, INC.	
(	(Firm/ Company)	
1903	3 SW 107 AVE., #1304	
	(Address)	
(Civ.	MIAMI, FL 33165 / State and Zip Code)	
For further information concerning this matter	• ,	
CARLOS HERBUT	at ( <u>305</u> ) <u>793-8532</u>	
(Name of Contact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount	t made payable to the Florida Departn	nent of State:
✓ \$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

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

•			
Ari	icles of Amend	ment	
Arti	to cles of Incorpo	ration	
	of		The Contract of the Contract o
L Tha haos		D INC	4600 M/A CO
(Name of Corporation as curr	FOR GROUP ently filed with t		e) Aligher Py
·		I IOI IAW D OPW O. STAN	SSE OF SIL
	000125519 nber of Corporati	ion (if known)	
(Bocument Nui	ilber of Corporati	on (n known)	TASE OF SEE OF STATE
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of		tes, this <i>Florida Profit</i> C	Corporation adopts the
A. If amending name, enter the new name o	f the corporation	<u>n:</u>	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	," or the designation "C	'orp, " "Inc, " or
B. Enter new principal office address, if app	licable:	1903 SW 107 AVE., #13	304
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS )	MIAMI, FL 33165	
		MINAMI, I E OO TOO	<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		1903 SW 107 AVE., #130	04
		MIAMI, FL 33165	
D. If amending the registered agent and/or new registered agent and/or the new reg			r the name of the
Name of New Registered Agent:	CARLOS HERB	BUT	
	1903 SW 107 A	VE., #1304	
New Registered Office Address: (Florida street address)			
	MIAMI		, Florida 33165
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Lam familiar with and accept the obligations of the I hereby accept the appointment as registered agent. 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
PSD	VENNIS GRAHAM	986 NW 10 STREET HALLANDALE, FL 33009	Add ⊿ Remove
PSD	CARLOS HERBUT	1903 SW 107 AVE., #1304 MIAMI. FL 33165	Add Remove
	additional sheets, if necessary). (Be	specific)	
provisi		e, reclassification, or cancellation of ent if not contained in the amendmen	

The dat	te of each amendmen	t(s) adoption: <u>03/17/2009</u>	
Effectiv	ve date <u>if applicable</u> :	03/17/2009	
		(no more than 90 days after a	mendment file date)
Adoptic	on of Amendment(s)	( <u>CHECK ONE</u> )	
		ere adopted by the shareholders. ere sufficient for approval.	The number of votes cast for the amendment(s)
			s through voting groups. The following statement d to vote separately on the amendment(s):
	"The number of votes	cast for the amendment(s) was	were sufficient for approval
	by		,,,
	•	(voting group)	
	amendment(s) was/wo	ere adopted by the board of dire	ctors without shareholder action and shareholder
	e amendment(s) was/wo on was not required.	ere adopted by the incorporators	without shareholder action and shareholder
	Dated 03/1 Signature	7/2009	<del></del>
	(B)		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
		CARI	.O\$ HERBUT
		(Typed or printed	name of person signing)
		F	RESIDENT
		(Title of pe	rson signing)