# P05001609

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And

AUG 17 2015

R. WHITE

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FOREX FOREI	NG TRADE CORPO	RATION	
DOCUMENT NUMBER:	CC3	784150988		
The enclosed Articles of Amen	dment and fee are subn	nitted for filing.	•	
Please return all correspondence	e concerning this matte	r to the following:		
	CLAR	A RIVADENEIRA		
	············	(Name of Contact Per	rson)	
	RIVADENEI	RA & ASSOCIATES	INC	
		(Firm/ Company)		
	274	2 SW 8 Street #201		
	<del>-</del>	(Address)		
	N	IIAMI FLORIDA 33	135	
		(City/ State and Zip C	ode)	
		riva@gate.net		
E-m	ail address: (to be used	for future annual repo	rt notification	1)
For further information concern	ning this matter, please o	call:		
Clara I	Rivadeneira	at	305	6432248
(N	ame of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made pay	able to the Florida Do	epartment of	State:
□ \$35 Filing Fee	\$43.75 Filing Fee & ! Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy is icate Of Status icate Copy is osed)

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 of

15 AUG 14 AM 5: 29

	01	,
FOREXFO	REING TRADE CORPORATION	SEUNCIARIE EL ORIDA
(Name of Corporation	n as currently filed with the Florida	Dept. of State)
	CC3784150988	
(Docu	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Pr	rofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		r the abbreviation "Corp." or "Inc."
D. Francisco I. Service I. Servic	_	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A		
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		<u>-</u>
D. If amending the registered agent and/or regi		er the name of the
new registered agent and/or the new register	MUHAMMET CER	E7CI
Name of New Registered Agent:		
	865 COLLINS AVE UNIT B	
New Registered Office Address:	•	street address)
	MIAMI BEACH FLORIDA	33139
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing lead to the lead of		obligations of the position.
-	Signature of New Registered	Agent if changing
	2.5 20, 105,010,01	

## 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 <math>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.

Example: X_Change X_Remove X_Add	<u>V</u> .	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D/S	SABAH DOKSOZ	865 COLLINS AVE UNIT B
Add			MIAMI BEACH FLORIDA 33139
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add		•	
Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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				<del></del>		
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The date of each amendment(s) a date this document was signed.	adoption: 8.78/2015	, if other than the
	<b>12</b> /2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the D	lock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendral.	nent(s)
adopted by the board of direct $O8/8/$	nbers entitled to vote on the amendment(s). The amendment(s) was/	were
Signature(By the cha	irman or vice chairman of the board, president or other officer-if dire	ectors
have not b	een selected, by an incorporator – if in the hands of a receiver, truste t appointed fiduciary by that fiduciary)	
	MUHAMMET CEREZCI	
	(Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	<del> </del>