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# **COVER LETTER**

TO: Amendment SectionDivision of Corporations

NAME OF COF	RPORATION: TRIVENO C	ORPORATION	·
DOCUMENT N	UMBER: P07000011128		
The enclosed Art	icles of Amendment and fee a	re submitted for filing.	
Please return all	correspondence concerning thi	s matter to the following:	
AD	OLFO TRIVENO		
	(Name o	of Contact Person)	
TF	RIVENO CORPORATION		
	(Fir	rm/ Company)	
<u>13</u>	617 SW 117 LN		
		(Address)	
MI	AMI, FLORIDA 33186		
Can firmthan in fam	•	tate and Zip Code)	
ror turner intori	nation concerning this matter,	prease can:	
ADOLFO TRIVE		at ( 305 ) 386-66	
	me of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a che	ck for the following amount:		
☑ \$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)
Division of P.O. Box	ent Section of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301



April 7, 2008

ADOLFO TRIVENO 13617 SW 117 LN MIAMI, FL 33186

SUBJECT: TRIVENO CORPORATION

Ref. Number: P07000011128

We have received your document for TRIVENO CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Adolfo Triveno sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist

Letter Number: 808A00020287

SECRETARY OF STATE TALL AND STALL AND STALL STAL

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BECEINED

## Articles of Amendment to Articles of Incorporation of

### TRIVENO CORPORATION

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



(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

### NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
CHANGE ALL ADDRESSES (PRINCIPAL, MAILING, REGISTERED AGENT AND DIRECTOR) TO:
13617 SW 117 LN
MIAMI, FLORIDA 33186
CORRECT ACCNAHES TO: ADOLFO TRIVENO
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
(continued)

The date of each amendn	nent(s) adoption: 12/26/07
Effective date if <u>applicab</u>	le: 12/26/07
	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )
	at(s) was/were approved by the shareholders. The number of votes cast for (s) by the shareholders was/were sufficient for approval.
following states	t(s) was/were approved by the shareholders through voting groups. The ment must be separately provided for each voting group entitled to vote the amendment(s):
"The numbe	er of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	t(s) was/were adopted by the board of directors without shareholder action raction was not required.
	t(s) was/were adopted by the incorporators without shareholder action and ion was not required.
Signature _	ADOLFO TRIVENO
(E	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 fiduciary by that fiduciary)
	ADOLFO TRIVENO
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)

FILING FEE: \$35