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SECCETARY OF STATE
AND SECRETARY OF STATE
OF THE STATE OF THE

Amend

JUL 20 2016 I ALBRITTON

COVER LETTER

Division of Corporations. NAME OF CORPORATION: Chasal TRIM Inc.

Do 76000 3099/ 2070000 3099 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Res T Firm/ Company

Firm/ Company Address

City/ State and Zip Code Sast Financial Services. Com-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ✓ □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

(Name of Corporation a	12 Im Inc is currently filed with the Florida Dept. of State)
PO70000 3899	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "c" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u>)
C. Enter new mailing address, if applicable:	100 to 10
(Mailing address MAY BE A POST OFFICE BOX)	
	まり
	50 N
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
Hame of New Registered Agent	
	(St. Mary and Mary)
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	ned Acents
I hereby accept the appointment as registered agent. I am	rea Agent: n familiar with and accept the obligations of the position.
, , ,	
Signatur	re 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)

Please note the officer/director litle 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>		<u>Addres</u> s
1) Change	VP	OMAT Chavarra flore	76 Laurer Lr SAND DWA BOACK Th 32\$89
Add		-	SANO PLAN BOACK
Remove		-	9L 32\$59
2) Change			
Add		-	
Remove		-	
3) Change			
Add		-	
Remove		-	
4) Change			
Add		-	
Remove		-	
5) Change			
Add		-	
Remove		-	
6) Change	···		
Add		-	
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
···	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	1)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/7/2016 Phase -	
Signature (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 courappointed fiduciary by that fiduciary)	
Hugo A. Chacor	
(Typed or printed name of person signing)	
· Prosident	
(Title of person signing)	