

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000224458 3)))



H090002244583ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : T20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

COR AMND/RESTATE/CORRECT OR O/D RESIGN

19 BCT 20 AH 8: 00 ECRETARY OF STATE

CTN-J GROUP INC.

Certificate of Status 0
Certified Copy 0
Page Count 04
Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

A G

Help W

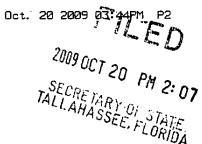
FRIM		0700	
E SUM	:)	AZAKI	15

FAX NO. :3052201440

Articles of Amendment

to

Articles of Transportation



At ticles of the	or hornerow
of	NC.
	*
(Name of Corneration as currently filed with	the Florida Dept. of State)
P07000078940	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ni</u>
name nus' by distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Co	orp," "Inc," or, "Co". A professional corporation
name must contain the word "chartered," "professional associ	ation," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS.)	# Ca7
	Miami Lakes, FL 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16073 NIO 116744 84
•	#CAT miami Layes, FL 33015
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	. Florida

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

I hereby the cept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

Page 1 of 3

FAX NO. :3052201440

H09000224458

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 shoots, if necessary)

<u>l'itle</u>	Name	Address	Type of Action		
<u>vP</u> .	Bates, Avinie	3618 Wast 16819AC	Add Remove		
	Prozier Jurel	16073 NID 16747 SH #COT 100001 10003 FT 33015	Add Remove		
			☐ Add ☐ Remove		
E. <u>If amendin</u>	g o <u>r adding additional Articles, enter c</u> tional sheels, if necessary). (Be specific	<u>hange(s) here</u> : c)			
To allow of the second or the					
F. If an amendment provides for an 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)					
		,			
Marie Control of the Control		<u> </u>			

Page 2 of 3

H09000224458

The date of each amendment(s	3) adoption: {0 20 09				
Effective date if amplicables	(date of adoption is required)				
F. ffective date if applicable: (no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.				
The omendment(4) was/were must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):				
The number of votes or	ast for the amendment(s) was/were sufficient for approval				
liv	voting group)				
	adopted by the board of directors without shareholder action and shareholder				
The concendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder				
Dated/	0-/3-09				
Signature	director, president or other officer - if directors or officers have not been				
select	thrector, president or other ornicer — it directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)				
	(Typed or printed name of person signing)				
	(1yped or printed name or person signing)				
	CED				
	(Title of person signing)				