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SECRETARY OF STATE

Anend C.COULLIETTE

MAR 1 3 2009

**EXAMINER** 

## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: EXCLUSIVE CHEMICAL COMPAN **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAINT GABRIELLE For further information concerning this matter, please call: ROBERT D'ANDREA at (305) 978 - 5219
(Name of Contact Person) (Area Code & Daytime Telephone Number) 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 (Additional Copy enclosed) is enclosed) **Mailing Address Street Address Amendment Section** Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

a	of			
micA	H. Ce	MOAI	44	
rently file	d with th	e Florida	Dept. of	State)
	86	Dill	1	<u>-</u>

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

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corpora	<u>tion:</u>
--	--------------

The	new	name	must	be	distinguishal	ole and	contair	the	word	"corp	oration,"	' "comp	any, ''	or
"inc	orpor	ated" e	or the	abbi	eviation "Co	rp.," "i	Inc.," or	Co.,	" or th	ie desi	gnation "	'Corp, '	"Inc,"	or
"Co	"	4 pr	ofessio	nal	corporation	name	must co	ntain	the w	vord '	'chartered	d," "pre	ofession	ıal
asso	ciatio	n," or	the abl	brev	iation "P.A."									

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SEC ALL
C. Enter new mailing address, if applicable:	HAR 12 P
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	HIZ: 50

D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>

Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
_		, Florida
	(City)	(Zip Code)

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

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

Title	Name To soon of the	Address	Type of Action
11)	TAMARA BROWLS	818 NE 9241955 MIAMI SHORES, FL 3313	Add Remove
SD	ROSENTO ENOZIO	1045NE (72 NOST No MIAMI, FL 33161	Add Remove
			Add Remove
(attach a	dditional sheets, if necessary). (Be spe	cific)	
<u>provisi</u>	mendment provides for an exchange, re ons for implementing the amendment in not applicable, indicate N/A)		

The date of each amendment(s	adoption:MAN(4 09, 2009
Effective date <u>if applicable</u> :	
•	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) sufficient for approval.
	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 ca	st for the amendment(s) was/were sufficient for approval
by	voting group)
	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	na 109, 2009
Signature	Heberto Chozo
select	director, president or other officer if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Roberto Onozio
	(Typed or printed name of person signing)
	(Title of person signing)