P07000086998

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TALLAHASSEE. FLORIDA

4/5/11

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:	ALTRANSLATIONS, I	NC
DOCUMENT NU	JMBER:	P07000086998	<u> </u>
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning the	his matter to the following:	
		Raul M. Saenz	
		Name of Contact Person	
	Saenz	& Associates CPA's PA	
		Firm/ Company	
	8180 N	NW 36th Street Suite 100	
		Address	
		Miami, Fl. 33166	
		City/ State and Zip Code	
	raul.saenz(E-mail address: (to be us	©cpasconsultants.com ed for future annual report notification)	
For further informa	tion concerning this matter	, please call:	
F	Raul M. Saenz	at ()	96-9600
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
✓ <u>Mailing Ad</u> Amendment		Street Address Amendment Section	
Division of	Corporations	Division of Corporations	
P.O. Box 63	27	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

2011 APR 14 PM 1:53 ALTRANSLATIONS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P07000086998 (Document Number of Corporation (if known)

the following

A.L.T. LANGU	JAGE SOLUTIONS, IN	ICThe
ame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Ĉorp," "In	c," or "Co". A professional corpord
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
(Muning andress MAI BE A FOST OFFI	<u></u>	
. If amending the registered agent and/or and/or new registered agent and/or the new registered.		n Florida, enter the name of the
		n Florida, enter the name of the
new registered agent and/or the new regis		
new registered agent and/or the new registered Agent:	stered office address:	

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) <u>Title</u> Name <u>Address</u> Type of Action ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
	·- <u></u>		
	_ <u></u>		

The date of each amendment(s) adoption: $\frac{4-8-11}{}$
(date of adoption is required)
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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 4-8-2011
Signature / Highirax Jan
(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)
Alexanden Countique
(Typed or printed name of person signing)
President
(Title of person signing)