P07000124768

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TRANSFER AM ORP.
NAME OF CORPORATION: TRANSFE TAM ORP. DOCUMENT NUMBER: P07000124768
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
Romals Form Copp.
(semaG) surelant 951 ROTHSCHILL)
DRAL Solines FC 33067
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Rockard Amount
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address
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

et0j

Articles of Amendment

to

Articles of Inc.	orporation
TRANSTE TAM CORP	<u> </u>
(Name of Corporation as currently	y filed with the Florida Dept. of State)
707 000124768	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
NA	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation " B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Co". A professional corporation name must contain the P.A."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent N	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>i</u> 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)

Please note the officer/director title 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 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	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	ones	
<u>X</u> Add	SV Sally S	mith	
Type of Action (Check One)	<u>Title</u>	Name	Address Agrafathachild D
1) X Change	2	Marichard LAMOTHE	, , , , , , , ,
Add	(P)	Rochard LAMOTHE	4951Kotkschild DR
Remove			Coral Springs + C 3300
2)ChangeAdd	(1)	Rochard LAMOTE	Coral Springs 93
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Currently Kochard LAMOTHE IS ISTED AS
THE President of the Corporation.
There is a change I Marichard LAMOTHE
leaves the CORDORATION. Marichard Lamothe
Will be Signing over the corporation to Rochard
lamohe!
MODICHOOD AMOTHE YMMP (954) 729- 4459
DOCLOSED DAMA COLOCADO
- HUCHARA PARWITTE TIME 934 BW 100
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)
$\Lambda I / \Lambda$

The date of each amendment(s) adoption: 1000000000000000000000000000000000000
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 will not be listed as document's effective date on the Department of State's records.
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
Signature X M. Lamatur
(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)
MARICHARD LAMOTHE
(Typed or printed name of person signing)
(Title of person signing)