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SECRETARY OF STATE

APPROVEL: AND FILED



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TRAD	E DEVELOPING & CONSULTING EVENTS INTERNATIONAL, INC
DOCUMENT NUMBER: P070001251	25
The enclosed Articles of Amendm	nent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
MARIA F. GOMEZ	Name of Contact Person
TRADE DEVELOPING & CONSUL	TING EVENTS INTERNATIONAL, INC Firm/ Company
8358 W. OAKLAND PARK BLVD,	Suite 307 Address
SUNRISE, FL 33351	City/ State and Zip Code
alvatino@hotmail.com E-mail address:	(to be used for future annual report notification)
For further information concerning t	his matter, please call:
MARIA F. GOMEZ  Name of Contact Person	at 305-772-2549  Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	
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

## **Articles of Amendment** to

**Articles of Incorporation** of

	~5°F~ /.
rrently filed with the Fiorida Dept. (	of State)
	\$ 05%.
mber of Corporation (if known)	
orida Statutes, this <i>Florida Profit Cor</i> tion:	rporation adopts the
e corporation:	
	The new
d "corporation." "company." or "incorp	<del></del>
ation "Corp," "Inc," or "Co". A profess	
onal association," or the abbreviation	"P.A."
·	
<del></del>	
<u>istered office address in Florida, e</u>	nter the name of the
red office address:	
(Florida street address)	•
	. Florida
(City)	(Zip Code)
	•
Registered Agent:	
-	obligations of the position.
•	- ,
	tion:  a corporation:  d "corporation," "company," or "incorpation "Corp," "Inc," or "Co". A professional association," or the abbreviation  able: ADDRESS)  BOX)  gistered office address in Florida, erred office address:  (Florida street address)

Signature of New Registered Agent, if changing

## TRADE DEVELOPING & CONSULTING EVENTS INTERNATIONAL, INC.

26-1457859 ATX1

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	Address	Type of Action		
<u>P</u>	LUZ M. ARANGO	8358 W. OAKLAND PARK BLVD SUITE 307 SUNRISE, FL 33351	Add Remove		
			Add Remove		
·			Add Remove		
_	or adding additional Articles, enter chartional sheets, if necessary). (Be specific)	nga(s).here:			
	AL				
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)					
	4. 400				
		· · · · · · · · · · · · · · · · · · ·			

	SULTING EVENTS INTERNATIONAL, INC. L. LOCA	26-1457859	ATX1
The date of each amendment			
	(date of adoption is required)		
Effective date if applicable:			······································
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
	vere adopted by the shareholders. The number of votes cast f were sufficient for approval.	for the amendme	nt(s)
	ere approved by the shareholders through voting groups. The deed for each voting group entitled to vote separately on the an		ent
"The number of vot	es cast for the amendment(s) was/were sufficient for approval		
by	•		
	(voting group)		
action was not required.	vere adopted by the board of directors without shareholder ac		lder
Dated Signature	(By a director, president of other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, a appointed fiduciary by that fiduciary)		
	MARIA F. GOMEZ  (Typed or printed name of person signing)		
	VPRESIDENT (Title of person signing)		