## P08000014270

(Requestor's Name)
(Address)
(Address)
( dances)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Danish Marka)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fitting Officer.

Office Use Only



300118516613

02/22/08--01038--011 \*\*52.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend Name
Ta, 2.26.08

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	RUNWAY C	CLASSIC MUSTANGS, INCORPO	DRATED
DOCUMENT NUMBER: P080	000014270		
The enclosed Articles of Amenda	nent and fee a	are submitted for filing.	
Please return all correspondence	concerning thi	is matter to the following:	
PATRICE MANLI	EY		
	(Name	of Contact Person)	
PLATINUM LEG	SAL FORMS	S AND SERVICES	
-	(Fir	rm/ Company)	
20295 N.W. 2ND	AVENUE, #	<del>‡</del> 216	
		(Address)	
MIAMI GARDENS	, FL 33169		
	(City/ S	state and Zip Code)	<del></del>
For further information concerning	ig this matter,	please call:	
NOEL FUENTES		at (786) _487-8945	<u>-</u>
(Name of Contact Perso	on)	(Area Code & Daytime Tele	ephone Number)
Enclosed is a check for the follow	ving amount:		
□ \$35 Filing Fee □ \$43.75 Fil Certificate		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status 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	

## **Articles of Amendment Articles of Incorporation**

## RUNWAY CLASSIC MUSTANGS, INCORPORATED

P08000014270

N/A

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known)

NEW CODDODATE N	AME (if changing)
NEW CORPORATE N	•
(Must contain the word "corpo	E MUSTANGS, INCORPORATED oration," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") oust contain the word "chartered", "professional association," or the abbreviation "P.A.")
	PTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) ing amended, added or deleted: (BE SPECIFIC)
CHANGE THE (ADDRESS ON	ILY) ON ALL THE FOLLOWING ARTICLES: ARTICLE II, ARTICLE V, AND ARTICLE VII.
ADD ADDRESS: 30	56 SOUTH STATE ROAD 7, BAY #48
MI	RAMAR, FL 33023
US	
DELETE ADDRESS:	3056 SOUTH STATE ROAD 7
	BLDG 1 UNIT 1-Q
	MIRAMAR, FL 33023
	US
· · · · · · · · · · · · · · · · · · ·	(Attach additional pages if necessary)

(continued)

The date of each amendment(s) adoption: FEBRUARY 18, 2008
Effective date if applicable: FEBRUARY 18, 2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were approved 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.
Signature  (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)
NOEL FUENTES
(Typed or printed name of person signing)
PRESIDENT
(Title of passon civning)

**FILING FEE: \$35**