## P08000029117

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(Address)				
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DIVISION OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RA	PID FILTER IN	<u> </u>
DOCUMENT NUMBER: P0800	00 29117	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
Joseph (Name	MADA FFARI e of Contact Person)	
(F	irm/ Company)	
2650 NW	HATCHET HARBOR (Address)	RO - Apt 202
Pont St Li (City)	LCIE, FL State and Zip Code)	
For further information concerning this matter		
(Name of Contact Person)	at ( <u>77 2)</u> <u>359</u> (Area Code & Daytim	- 7565 e Telephone Number)
Enclosed is a check for the following amount r	made payable to the Florida De	partment of State:
\$35 Filing Fee \$\times \text{S43.75 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)
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 C Tallahassee, FL 32301	

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



09 MAR 12 PM 1:40 (Name of Corporation as currently filed with the Florida Dept. of State) P 08 0000 29117
(Document Number of Corporation (if known)

A. If amending name, enter the new name	of the corporatio	<u>on:</u>	
MASTER MOI	-D REMON	iens Inc	_
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation na association," or the abbreviation "P.A."	and contain the ," "Inc.," or Co.	ne word "corporation," "company," or o.," or the designation "Corp," "Inc," or	•
B. Enter new principal office address, if a	450 SW CARTEN AVE	_	
Principal office address <u>MUST BE A STREET ADDR</u>		PORT ST LINCIS, FZ 349	83
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		450 SW CARTER AVE PORT AT LUCIS, FZ 3491	
D. If amending the registered agent and/onew registered agent and/or the new re  Name of New Registered Agent:			<u>e</u>
Non Posistana I Office Addition	450 SW (Florid	CALTER AUE  rida street address)	
New Registered Office Address:		Lucis Florida 349 (City) (Zip Code)	

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)

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

.The date of each amendment(s) a	doption: MAN	CH	10, 2009
Effective date if applicable:	MANCH	(0,	2009 nendment file date)
(no	more than 90 days aft	ter an	nendment file date)
Adoption of Amendment(s)	(CHECK ON	Œ)	
The amendment(s) was/were ad by the shareholders was/were st	lopted by the sharehold ufficient for approval.	iers.	The number of votes cast for the amendment(s)
			through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s)	was/w	vere sufficient for approval
by	ting group)		."
(vot	ing group)		
The amendment(s) was/were ad action was not required.	lopted by the board of	direct	ors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	lopted by the incorpora	itors v	without shareholder action and shareholder
Dated MAN	CH 10, 2009	·	<del></del>
(By a dit selected,	rector, president or oth	er off f in tl	icer – if directors or officers have not been ne hands of a receiver, trustee, or other court
<del>.</del>	(Typed or prin	nted n	Zimmsnmnw ame of person signing)
	Prus (Title of	i 04 perso	on signing)