P08000040886

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
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14 JAN 21 PH 2: 30

Amend

JAN 27 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: <u>FENIX TRA</u> BER: <u>P0800004088</u>	ADING GROUP 6	INC	
	of Amendment and fee are su			
	spondence concerning this ma			
	MARTA M. MON	ZON		
		Name of Contact Perso	n	
		Firm/ Company		
.•	1757 Dove	- CT		
	SoireTy Ha	Address -bor Flot City/ State and Zip Cod		5-2715
mc	E-mail address: (to be us	sed for tuture annual report		
For further informatio	n concerning this matter, pleas	se call:		
Marta M. Mo	nzon	at (727	_, 278-8052	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	r
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address endment Section		Address Iment Section	
Division of Corporations		Divisio	on of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amenument

fa

Articles of Incorporation



FENIX TRADING GROUP INC

14 JAN 21 PH 2: 30

P0800040886	Protitus Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1157 Dover CT
	Safety Harbor, FI 34695
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	1164 Dover Ct
	Safety Harbor, Fl 34695
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addre	
Name of New Registered Agent Marta M Monzo	лі <u> </u>
11Ed Don	er Ct.
	treet address)
New Registered Office Address: Safety Harbor	, Florida 34695 (Zip Code)
(Cir	γ) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
& Marta Mion	\checkmark
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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Marta M. Monzon	
Add Remove			Safety Harbor, Fl 34695
2) Change	٧	Fabio L. Gomez	
Add			1167 Dover CX
Remove			Safety Harbor, Fl 34695
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional shed	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)
	vides for an exchange, reclassification, or cancellation of issued shares, menting the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
eclassification of	issued shares, Total authorized issued shares 100.
Marta M Monzon	55 issued shares
	AF instead of the second
Fabio I Gomez	45 ISSUED Shares
Fabio L Gomez	45 issued shares
Fabio L Gomez	45 issued snares
Fabio L Gomez	45 issued snares
Fabio L Gomez	45 Issued shares
Fabio L Gomez	45 issued snares

The date of each amendmendate this document was signed	t(s) adoption: January 01, 2014	, if other than th
Effective date if applicable:	January 01, 2014	
Effective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_12/2	20/2013	
Signature _	x Houte Theresel	
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Marta M Monzon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	