P09000007899

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	9)
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(Bu	siness Entity Name)
(Do	ocument Number)	
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Amend Thewis 5-14-09

COVER LETTER

TQ: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	TRINITY UNLIMITED US	A INC
DOCUMENT NU	MBER:	P0000007899	
The enclosed Artica	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
_	A	ANNIE MARQUEZ	
	N	Name of Contact Person	
-		Firm/ Company	
_	22	297 VANCE ROAD	
		Address	
-		ELTONA, FL 32738 City/ State and Zip Code	
	ANNIE MARGE-mail address: (to be use	QUEZ@HOTMAIL.COM ed for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
AN	NIE MARQUEZ	at (386) 7	89-4247
Name	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depar	tment 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)
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 Circ	10

Tallahassee, FL 32301

Articles of Amendment

<u> </u>	At ticles of Amendment		
	to		janua .
•	Articles of Incorporation		1-11 E
	of		FILE
Trivity Un	limited USA I	ne.	~ V 17A Y _ O
(Name of Corporation as curr	rently filed with the Florida Dept.	of State)	TALLAS JARY DE
PO 00007899			- SECRETARY OF S TALLAHASSEE. FL
(Document Nu	mber of Corporation (if known)		
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florida F</i>	Profit Corporat	tion adopts the follow
If amending name, enter the new name of	of the corporation:		
me must be distinguishable and contain			The new
ne must contain the word "chartered," "pro Enter new principal office address, if ap	ofessional association," or the abb	reviation "P.A	
ne must contain the word "chartered," "pro Enter new principal office address, if ap- incipal office address MUST BE A STREE Enter new mailing address, if applicable	ofessional association," or the abb plicable: ET ADDRESS) e:	reviation "P.A	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	ofessional association," or the abb plicable: ET ADDRESS) e:	reviation "P.A	
ne must contain the word "chartered," "pro- Enter new principal office address, if ap- incipal office address <u>MUST BE A STREA</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u>)	ofessional association," or the abb plicable: ET ADDRESS e: ICE BOX registered office address in Floric	reviation "P.A	
Enter new principal office address, if applicable incipal address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF). If amending the registered agent and/or new registered agent and/or the new reg	ofessional association," or the abb plicable: ET ADDRESS e: ICE BOX registered office address in Floric	reviation "P.A	
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Enter new principal office address, if applicable incipal office address MUST BE A STREE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ofessional association," or the abb plicable: ET ADDRESS e: ICE BOX registered office address in Floric sistered office address:	la, enter the n	ame of the

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
S	NANETTE GUZMAN	1682 PROVIDENCE BLVD DELTONA, FL 32725	_
<u>s</u>	JOSE VAZQUEZ GUZMAN	1682 PROVIDENCE BLVD DELTONA, FL 32725	_ ☑ Add _ ☐ Remove
			_
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, reons for implementing the amendment in applicable, indicate N/A)	eclassification, or cancellation of i f not contained in the amendmen	ssued shares, t itself:

The date of each amendment(s) adoption: New 1, 2009			
Effective date if applicable:	,		
· (no	more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were act by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
	oproved by the shareholders through voting groups. The following statement reach 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	19		
(vo	ting group)		
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder		
Dated MAY 1,	2009		
Signature(By a d	rector, president or other officer – if directors or officers have not been		
	, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)		
_	JOSE VAZQUEZ		
_	(Typed or printed name of person signing)		
_	VICE PRESIDENT		
	(Title of person signing)		