# P09000045282

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Amend/M

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SECRETARY OF STATE

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TCR OFFICE SUPPLIES CORPORATION
DOCUMENT NUMBER:	PO9000045282
The enclosed Articles of Amendme	at and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	GUSTAVO E. MILLAN
	Name of Contact Person
A	TLANTIS OFFICE SUPPLIES CORP.
	Firm/ Company
	8004 NW 154 STREET, # 310
	Address
•	MIAMI LAKES, FL 33016
-	City/ State and Zip Code
gn E-mail addr	ss: (to be used for future annual report notification)
For further information concerning	his matter, please call:
GUSTAVO E. MILL	
Name of Contact Person	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 Certificate o	
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**

#### TCR OFFICE SUPPLIES CORP

owing

(Name of Corporation as currently filed w	1th the Florida Dept. of State LAHASSTOF 2:3/
PO9000452	1th the Florida Dept. of State CAE JARY 2:3/82  PM 2:3/82  Pration (if known)
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:
ATLANTIS OFFICES SUP	PLIES, CORP. The new
name must be distinguishable and contain the word "c abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	"Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	8004 NW 154 STREET, SUITE 310
(Principal office address <u>MUST BE A STREET ADDRESS</u>	MIAMI LAKES, FL 33016
	4.00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8004 NW 154 STREET, SUITE 310
•	MIAMI LAKES, FL 33016
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent: GUSTAVO	D.E. MILLAN
	154 STREET, SUITE 310 Torida street address)
	KES, FL 33016 , Florida FLORIDA (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	Camiliar with and accept the obligations of the position.
	Jewinany
Signature of N	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>	Name	Address	Type of Action
DIR	MERCEDE SESTEVEZ	14359 MIRAMAR PARKWAY SUITE 102 MIRAMAR, FLORIDA 33027	Add Remove
<u>DIR</u>	OSVALDO ESTEVEZ	14359 MIRAMAR PARKWAY SUITE 102 MIRAMAR FLORIDA 33027	Add Remove
DIR	GUSTAVO E. MILLAN	8004 NW 154 STREET, SUITE 3 MIAMI LAKES, FL 33016	Add Remove
	or adding additional Articles, enter cl		
(attach addit	ional sheets, if necessary). (Be specific	<i>,</i>	<del></del>
Accessed Market 1911			
provisions	dment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
. ,			

### 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	<u>Name</u>	Address	Type of Action
DIR	DESIDERIO GONZALEZ	8004 NW 154 STREET, # 310 MIAMI LAKES, FL 33016	_ 🗹 Add _ 🛘 Remove
	<del></del>		_
	<del> </del>		_
	ing or adding additional Articles, enti- ditional sheets, if necessary). (Be spe		
provisio	nendment provides for an exchange, rendered in the second ment in the		

The date of each amendment(s) adoption: 12-9-99
(date of adoption is required)
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 30 days after amenament file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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)
(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.
Dated DECEMBER 9, 2009
Signature Sewing
(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)
GUSTAVO E. MILLAN
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)