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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAGN.

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: NAME OF CORPORATION:	exine System (on
DOCUMENT NUMBER: T 890000	49536
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Name of Contact Person  PATIONA  Firm/ Company	g System Corp 2
200 SE 164	. [4
Address  Address	T 33884
City/ State and Zip Code  PS 2 Jalet @  E-mail address: (to be used for future annual report no	acl. Comptification)
For further information concerning this matter, please call:  Name of Contact Person  Area Code &	SSS 3844 Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:
\$35 Filing Fee Status S	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	enter Circle

## **Articles of Amendment**

to Articles of Incorporation

of

NATIONA 1	TARKING System Crap C
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
(+) Ø9	0000 4953C
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following on:
A. If amending name, enter the new nam	ne of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	tin the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if (Principal office address MUST BE A STI	
(1.1.1.0.p. 0,j, u.a. ess <u></u>	
C. Enter new mailing address, if applica	
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)
D. If amending the registered agent and	or registered office address in Florida, enter the name of the
new registered agent and/or the new	
Name of New Registered Agent:	
Nume of New Registered Agent.	-,· <u> </u>
N. D. C. JOM, Alleren	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:
	ed agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	$R_{\mathcal{L}_{S}}$
	6 <b>9</b>

Page 1 of 3

	le, name, and a	address of each Officer	title and name of each officer/d r and/or Director being added:	irector being
Title	Name RONNIS	SAncher	Address  200 SEITh Pt  DANIA BCL 71  33604	Type of Action  Add  Remove
				_
				_
provisions fo		g the amendment if n	essification, or cancellation of is ot contained in the amendment	

The date of each amendment(s) adoption:  (date of adoption is required)  Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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.
DatedDated
Signature  (By a director, resident 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)
KUDT RODRIGUEZ
(Typed or printed name of person signing)
tresident
(Title of person signing)