(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me) .
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA 19 SEP 16 PH 4: 09

Amend Pagallu/09

COVER LETTER

TO: Amendment Section **Division of Corporations** METROMAN INVESTMENTS INC. NAME OF CORPORATION: __ DOCUMENT NUMBER: P0900063005 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person 888 BISCAYNE BLVD MIAMI, FL 33132 Yalvo . com ed for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6322 Clifton Building 2661 Executive Center Circle Tallahassee,

Tallahassee, FL 32301



September 3, 2009

OLATUNDE OGUNJULUGBE METROMAX INVESTMENTS INC. 888 BISCAYNE BLVD - SUITE 5501 MIAMI, FL 33132

SUBJECT: METROMAX INVESTMENTS INC.

Ref. Number: P09000063005

We have received your document for METROMAX INVESTMENTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 309A00029542

Irene Albritton Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of



	VESTMENTS	INC.	
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)	
(Document Num	ber of Corporation (if I	inown)	
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this	Florida Profit Corpo	oration adopts the followin
. If amending name, enter the new name of	the corporation:		
			The new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "programme must contain the word	designation "Corp," ' fessional association,"	Inc," or "Co". A pro	ofessional corporation
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)			·
			
 If amending the registered agent and/or r new registered agent and/or the new registered. 		ss in Florida, enter th	e name of the
	stered office dddress.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida stre	et address)	
		C1.	orida
	(City)	(Zip Cod	
	-		
New Registered Agent's Signature, if changing thereby accept the appointment as registered a		th and accept the oblig	rations of the position.
coy accept the appointment as togister ou a			, F
	ignature of New Regist	ared 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>	<u>Address</u>	Type of Action
HAIRMAN	BABATUNDE OGUNUULUGBE	1123 Nalley RA #114 Hyattsville, MD 20185	Add Remove
MANIAGER	AJIBNA DGUNJULUGBE	1123 Nalley Rd Suite # 114 Hyallsville, MD 20185	☑ Add □ Remove
	 		☐ Add ☐ Remove
	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specific		
provisio	endment provides for an exchange, reclange in section in the second ment of a policable, indicate N/A)		
	NA	·	

The date of each amendment(s) adoption:				
Effective date <u>if applicable</u> :	(date of adoption is required)			
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval			
by	voting group)			
(1	voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated 9	10/09			
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)			
	OIATUNDE OGUNJULUGBE (Typed or printed name of person signing)			
	(Title of person signing)			