## P09000088095

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
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| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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Office Use Only



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CARACTETESSERYTTVI

C. LEVIS

MAY 1 5 2014

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: New York 1 Terminal, Inc.  |  |  |  |  |  |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: P 09 0000 98095  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| Joel Bonhommette Name of Contact Person   |  |  |  |  |  |
| Firm/ Company   |  |  |  |  |  |
| 3195 Maple Lane   |  |  |  |  |  |
| DAVIE F 33328  City/ State and Zip Code   |  |  |  |  |  |
| Bombon Mette J @ Yahoo . Com  E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Joel Bonhommette at (347) 236 2531  Name of Contact Person Area Code & Daytime Telephone Number   |  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |  |  |  |  |  |
| \$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)              |  |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |  |  |  |  |  |

Tallahassee, FL 32301

APPRUVEU AND FILED

## Articles of Amendment

 $\omega_i = i_{ij}$ 

|   | to Articles of Incorporation              | 14 MAY -5                      | AM 10: 36             |
|---|---|--------------------------------|-----------------------|
| NewYork   | < 1 Terminal                              | SECRETARY<br>INCTALLAHASSE     | OF STATE<br>ELFLORIBA |
| (Name of Corporation as currer  | ntly filed with the Florida Dept. of St   | (ate)                          | •                     |
| P09   | 0000 88015                                | <b>,</b>                       |                       |
| (Document Numb  | ber of Corporation (if known)             |                                | -                     |
| Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:   | Florida Statutes, this Florida Profit Con | rporation adopts the following | g amendment(s) to     |
| A. If amending name, enter the new name of  | the corporation:                          |                                |                       |
| NIA   |   |                                | The new               |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of | "Corp," "Inc," or "Co". A professio       |                                |                       |
| B. Enter new principal office address, if appli<br>(Principal office address <u>MUST BE A STREET</u>  |   |                                | -                     |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFIC   |   |                                |                       |
| D. If amending the registered agent and/or renew registered agent and/or the new regist   |   | nter the name of the           | •                     |
| Name of New Registered Agent  | N/:A:                                     |                                |                       |
|   | (Florida street address)                  |                                |                       |
| New Registered Office Address:  |   | , Florida                      | _                     |
|   | (City)                                    | (Zip Code)                     |                       |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag  | gent. I am familiar with and accept the   |                                |                       |
| 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 Do  | <u>oe</u>         |                 |
|----------------------------|--|----------|-------------------|-----------------|
| X Remove                   | <u>V</u>                               | Mike Jo  | <u>ones</u>       |                 |
| X Add                      | <u>sv</u>                              | Sally Sr | <u>mith</u>       |                 |
| Type of Action (Check One) | <u>Title</u>                           |          | <u>Name</u>       | Address         |
| 1) Change                  | VD                                     |          | Sonia Bonhommette | 3195 Maple Lane |
| Add                        |  |          |                   | DAVIE, FL 33328 |
| Remove                     |  |          |                   |                 |
| 2) Change                  |  | _        |                   |                 |
| Add                        |  |          |                   |                 |
| Remove                     |  |          |                   |                 |
| 3) Change                  | <del> </del>                           | _        |                   |                 |
| Add                        |  |          |                   |                 |
| Remove                     |  |          |                   |                 |
| 4) Change                  |  | _        |                   |                 |
| Add                        |  |          |                   |                 |
| Remove                     |  |          |                   |                 |
| 5) Change                  | ************************************** | _        |                   |                 |
| Add                        |  |          |                   |                 |
| Remove                     |  |          |                   |                 |
| 6) Change                  |  |          |                   |                 |
| Add                        |  |          |                   |                 |
| Remove                     |  |          |                   |                 |

| E., | . <u>If amending or add</u><br>(Attach <i>additional sh</i> | ling additional Articl<br>neets, if necessary). | es, enter chan<br>(Be specific)       | ge(s) here:       |                         |              |             |
|-----|---|---|---------------------------------------|-------------------|-------------------------|--------------|-------------|
|     | NIA   |   |                                       |                   |                         |              |             |
|     |   |   |                                       |                   |                         |              |             |
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|     |   |   |                                       | ···               |                         |              |             |
| F.  | . If an amendment p   | rovides for an excha                            | nge, reclassific                      | ation, or cancel  | lation of issued s      | hares,       |             |
|     | provisions for imp<br>(if not applicat                      | dementing the amenoble, indicate N/A)           | <u>dment if not co</u>                | intained in the a | <u>mendment itself:</u> |              |             |
|     | N /   | A   | <del></del>                           |                   |                         |              |             |
|     |   |   |                                       |                   |                         |              |             |
|     |   |   |                                       |                   |                         |              |             |
|     |   |   |                                       |                   |                         |              |             |
|     |   |   |                                       |                   |                         | _            |             |
|     |   |   |                                       |                   |                         |              |             |
|     |   |   | ·                                     | ·····             |                         |              |             |
|     |   |   |                                       |                   | <del> </del>            |              | <del></del> |



| The date of each amendment(s) adoption:   | 4130              | 12014                                   | 14 MAY -5 AM Worther than the              |
|---|-------------------|---|--|
| date this document was signed.  |                   | ,                                       | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |
| Effective date if applicable: (no more that   | n 90 days after   | amendment file d                        |  |
|   |                   |   |  |
| Adoption of Amendment(s) (CHECK ONE)  |                   |   |  |
| The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.       | The number of v   | otes cast for the                       | amendment(s)                               |
| The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled |                   |   |  |
| "The number of votes cast for the amendment(s) was/   | were sufficient f | or approval                             |  |
| by(voting group)  |                   | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| The amendment(s) was/were adopted by the board of direct action was not required.                                 | tors without shar | reholder action ar                      | nd shareholder                             |
| The amendment(s) was/were adopted by the incorporators action was not required.                                   | without sharehol  | der action and sh                       | areholder                                  |
| DatedA   30   2014<br>Signature X   Fortherine  | the               |   |  |
| (By a director, president or other of selected, by an incorporator – if is appointed fiduciary by that fiduciary  | n the hands of a  |   |  |
|   |                   | of person signing                       |  |
|   | (Title of person  | signing)                                |  |