P10000024010

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
		1
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	_	

Office Use Only



900181839639

06/14/10---01040---012 **35.00

2010 JUN 14 P 12: 13

FILED

Amend Musis 6-18-10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T.T. BUSINESS VENTURES INC
DOCUMENT NUMBER:	P10000024010
The enclosed Articles of Amendment and	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
·	CHRISTOPHER HAWKINS
	Name of Contact Person
т.	T. BUSINESS VENTURES INC
•	Firm/ Company
	1653 SAMONTEE RD
	Address
,	JACKSONVILLE, FL 32211
E-mail address: (City/ State and Zip Code Contracting Quahoo. com to be used for future sumual report notification)
For further information concerning this	matter, please call:
CHRISTOPHER HAWKIN Name of Contact Person	S at (904) 487-8138 Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
] \$35 Filing Fee	
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 of

FILED

SS VENTURES INC.	ì		
ntly filed with the Florida Dept. o	of State)	11 NUL 0108	P 12: 13
P10000024010			_
ber of Corporation (if known)	ì	TALLAHASSE	E. FLORIDA
, Florida Statutes, this <i>Florida Pi</i>	rofit Corpo	oration adopts the	e following
the corporation:	٠		
		The	new
designation "Corp," "Inc," or "C	o". A pro	ofessional corpora	the ation
icable:			
TADDRESS)			
TE BOX)			
· · · · · · · · · · · · · · · · · · ·			
 			
	i, enter the	e name of the	
tered office address:			
	,		
(Florida street address)	 		
	· , Flo	orida	
(City)	(Zip Code	e)	
a Dogistored Agents			
	t the obliga	ations of the posit	ion.
	, 0	- •	
anatura of New Projetoval Again	Calanaina		
	the corporation (if known) The word "corporation," "compadesignation "Corp," "Inc," or "Cossional association," or the abbratered office address in Florida tered office address: (Florida street address) (City) Registered Agent: Tent. I am familiar with and acception (if known) (If known) (Comparison: (Comparison: (City) (City)	the corporation: "The word "corporation," "company," or "designation "Corp," "Inc," or "Co". A processional association," or the abbreviation "I designation "Corp," "Inc," or "Co". A processional association," or the abbreviation "I designation "Corp," "Inc," or "Co". A processional association," or the abbreviation "I designation "Corp," "Inc," or "Co". A processional association," or the abbreviation "I designation "Corp," "Inc," or "Co". A processional association," or the abbreviation "I designation association," or the abbreviation "I designation association," or the abbreviation "I designated office address in Florida, enter the dered office address: (Florida street address) (Florida street address) (City) (Zip Code address in I am familiar with and accept the obligation. I am familiar with and accept the obligation. I am familiar with and accept the obligation.	ntly filed with the Florida Dept. of State) 200024010 SECRE TARY Florida Statutes, this Florida Profit Corporation adopts the state corporation: The word "corporation," "company," or "incorporated" or designation "Corp," "Inc," or "Co". A professional corporatessional association," or the abbreviation "P.A." icable: TADDRESS) SEBOX General Report Corporation adopts the state corporated of the level of fice address in Florida, enter the name of the level of fice address: (Florida street address) (Florida corporation, "Florida (City) (Zip Code)

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 CEO	Name ANDI VITO	Address	Type of Action Add Remove
<u>CEO</u>	VANGJEL VITO	4511 CINDERBRED DR JACKSONVILLE, FL 32257	_ ☑ Add _ □ Remove
			Add Remove
E. If amendia (attach add	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specified)	change(s) here:	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
F. If an amo	ndmont provides for an evolunce well		
provision	ndment provides for an exchange, reclassion implementing the amendment if napplicable, indicate N/A)	ot contained in the amendment	itself:
		1	
		<u></u>	

The date of each amendmen	t(s) adoption: <u>07</u>	7/15/2010		
Effective date if applicable:	07/15/2010	(date of adoptio	n is required)	; 4
	(no more than s	90 days after ameno	dment file date)	
Adoption of Amendment(s)	(<u>C</u> E	IECK ONE)		;
The amendment(s) was/we by the shareholders was/w	ere adopted by the ere sufficient for	shareholders. The approval.	number of votes	cast for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amen	dment(s) was/were	sufficient for app	roval
by			>?	
	(voting group)			:
			•) :
The amendment(s) was/we action was not required.	ere adopted by the	board of directors	without sharehold	er action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators with	out shareholder ac	tion and shareholder
Dated	colodu			
			·	í ,
sele		porator – if in the h		fficers have not been trustee, or other court
	·	•		
•		CHRISTOPHE		<u> </u>
	(Ту	ped or printed name	e of person signing	3)
		ESIDENT/REGIS	STERED AGEN	NT.
	(Title o	f person signing)	•	;