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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TRECY INTERNATIONAL CORP
DOCUMENT NUMBER: P 100000 47206
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VLISES REVES Name of Contact Person
TRECY /N/ERNATIONAL CORP
9500 Sce 73rd Ave
Might, FL 33156
ULISES REYES @ HOTHAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ULISES REFES at (305) 6067904
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 \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$43.75 Filing Fee & \$\Bigs\\$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\Bigs\\$Certified Copy (Additional Copy is enclosed)
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

	ne Fiorida Dept. of State)
V 100000 47206	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corporation	<u>ı:</u>
name must be distinguishable and contain the word "corpo	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
•	•
C. Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
	N A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
	() \ [] .
New Registered Office Address: (Florid	da street address)
	Florida
(City)	, Florida (Zip Code)
New Degistered Agentle Simpture if thereing Desistand A	
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	
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)

<u> </u>	Address	Type of Action
		☐ Add☐ Remove
— HH		☐ Add ☐ Remove
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	· .	ı
E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be		
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N IV	· .	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange provisions for implementing the amendm (if not applicable, indicate N/A)	ge, reclassification, or cancel ent if not contained in the a	lation of issued shares, nendment itself:
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The date of each amendments	s) adoption: 06/10/20/0	• •
Effective date if applicable:	- (date of adoption is requir	ed)
	(no more than 90 days after amendment file	date)
•		:
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of sufficient for approval.	f votes cast for the amendment(s
	e approved by the shareholders through votin	
"The number of votes of	east for the amendment(s) was/were sufficient	for approval
by	,,,	
	(voting group)	•
		•
The amendment(s) was/wer action was not required.	e adopted by the board of directors without sl	areholder action and shareholder
action was not required.		•
	e adopted by the incorporators without shareh	older action and shareholder
action was not required.		•
Dated d	06/10/2010	
	100/	
Signature	LLL. Mays	
	a director, president or other officer - if direc	
	eted, by an incorporator – if in the hands of a	receiver, trustee, or other court
арро	inted fiduciary by that fiduciary)	
· ·	ULISES REYES (Typed or printed name of person	٠.,
,	(Typed or printed name of person	n signing)
. The state of th		· .
	VICE PRESIDENT	
•	(Title of person signing)	