# P100000000010315

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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TALLAHASSEE: FLORIDATALLAHASSEE: FLORIDATALLAH

Amund 11/10/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	FULL TRADING CORPORATION		
DOCUMENT NU	MBER:	P10000076315		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		PINA YADONISI		
	1	Name of Contact Person		
	CAS'	YA BUSINESS CORP.		
		Firm/ Company		
	371	7 OAK RIDGE LANE		
		Address		
	14	IESTON EL 22224		
		/ESTON, FL 33331		
********	casyabus E-mail address: (to be use	siness@yahoo.com ed for future annual report notification)		
For further information	ation concerning this matter,	please call:		
	INA YADONISI	at (954)6150806		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount r	nade payable to the Florida Department of State:		
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing A		Street Address		
Amendment Section		Amendment Section		
	Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
a dilminasot	9 I II JAU I 1	Tallahassee, FL 32301		



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 1, 2010

PINA YADONISI CASYA BUSINESS SOLUTIONS, CORP. 3717 OAK RIDGE LANE WESTON, FL 33331

SUBJECT: FULL TRADING CORPORATION

Ref. Number: P10000076315

We have received your document for FULL TRADING CORPORATION 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.

The document must have original signatures.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 410A00025703

### **Articles of Amendment** Articles of Incorporation of

	FULL TRADING CORPORATION
<u>(r</u>	same of Corporation as currently filed with the Florida Dept. of State)
	P10000076315
	(Document Number of Corporation (if known)
	provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation:

P10	0000076315	I'ON.
(Document Nu	mber of Corporation (if know	wn)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Fl	orida Profit Corporation adopts the foll
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		nd accept the obligations of the position.
	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>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		7 ~
<u></u>			☐ Add ☐ Remove
E. <u>If amen</u> (attach a INCORRI	ding or adding additional Articles, dditional sheets, if necessary). (Be ECT NAME: OFFICER/DIREC	enter change(s) here: specific) TOR	
TITLE: P			
CAVALIE	RI RODRIGUEZ, OSWALDO		
CORREC	CT NAME: OFFICER/DIRECTO	)R	
TITLE: P			
CAVALIE	RI RODRIGUEZ, ITALO O.		
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: 11/08/2010
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/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of 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	95
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 11/0	8/2010
Signature _	
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	OSWALDO CAVALIERI RODRIGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)