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SECRETARY OF STATE
ARASSE FLORID

Amera Newis 7-11-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TSI Lavajet Carp.
DOCUMENT NUMBER:
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
Miami, FL 333/69 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 797 - 2405 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \&\bigcup \\$43.75 Filing Fee \&\bigcup \\$52.50 Filing Fee \\ Certificate of Status (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

Articles of Amendment to

Articles of Incorporation

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SECRETARY (TAULAHASSEE	DE STATE
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of	SECRETARY
Tar 1 . 11	JAULAHASSI DE STATE
TSI Lavajet Corp.	SECRETARY OF STATE JAULAHASSEE FLORIDA
(Name of Corporation as(currently filed with the Florida Dept. of State)	
F 10000081935	
(Document Number of Corporation (if known)	

t. It amending names enter the new name	of the corporation:	
		The new
bbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "inco he designation "Corp," "Inc," or "Co". A profes. rofessional association," or the abbreviation "P.A.	sional corporation
3. Enter new principal office address, if ap Principal office address MUST BE A STRE		
		-
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	
). If amonding the registered agent and/on	registered office address in Florida, enter the ne	ma of the
new registered agent and/or the new reg	registered office address in Florida, enter the na gistered office address:	me or the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	a
	(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)

<u>Title</u>	Name	Address	Type of Action
P.E.	Helson Haddad	1579 NW 165th St Migmi, FL 33169	_ □ Add _ □ Remove
_			_
	nding or adding additional Articles, ente		
provisi	mendment provides for an exchange, re ions for implementing the amendment it not applicable, indicate N/A)		
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lavajet srl- segreteria

Nr. 3476

Typed or printed name of person signing)

(Title of person signing)