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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AMIZITRUST, INC DOCUMENT NUMBER: P11000015697 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ZITA N. LOPEZ Name of Contact Person Firm/ Company 9610 SW 45th Terrace Address MIAMI, FL 33165 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786 Area Code & Daytime Telephone Number ZITA N. LOPEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AMIZITRUST, INC			_
•	s currently filed with the Fl	orida Dept. of State)	
P11000015697			
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the followi	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	," "company," or "incorporated" or the c Co". A professional corporation name must P.A."	abbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	_
(1op 20 ojjood uumoja <u></u>	, ,	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	-
D. If amending the registered agent ar	nd/or registered office addro	ess in Florida, enter the name of the	DIVISION OF CORPORATION OF CORPORATI
new registered agent and/or the ne	w registered office address:		-
Name of New Registered Agent	N/A		A DEFE
	/FI - 1 - 4		9. 0
	(Florida stre	et adaress)	<u> </u>
New Registered Office Address:	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if c		,_ , _,,,	
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position.	
Si	gnature of New Registered A	gent, if changing	

Page 1 of 4

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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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>VP</u>	Andy Galan Lopez	9610 SW 45th Terrace Miami, FL 33165
2) Change Add Remove		_	
3) Change Add Remove			
4) Change Add Remove			
Change Add Remove			
Change Add Remove			

. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	'
If an amondment provides for an evalu	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 03/07/2012	
Effective date if applicable:	3/07/2012	
Elective date <u>it appreadic</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	(s)
☐ The amendment(s) was/were a must be separately provided j	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholded dopted by the incorporators without shareholder action and shareholder	er
action was not required.		
selec	director, president of other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other cour	
appo	nted fiduciary by that fiduciary)	
	ZITA N. LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	