P11000037349

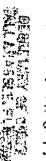
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMERICAN INSPECTION & TESTING SERVICES INC.

DOCUMENT NUMBER:	P11000037349
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	MADADI, ANNAPURNA D.
	Name of Contact Person
AMERICAN	INSPECTION & TESTING SERVICES INC.
	Firm/ Company
	3138 SW 14 STREET
	Address
	FORT LAUDERDALE, FL 33312
	City/ State and Zip Code
E-mail address:	madadijr@yahoo.com (to be used for future annual report notification)
For further information concerning this	s matter, please call:
ANNAPURNA D. MADA	DI at (786) 229-9074
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

AMERICAN INSPECTION & TESTING SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000037349

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

A. If amending name, enter the new name of		The nev
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	' or "Co". A professional corporatio
B. Enter new principal office address, if app	licable:	
(Principal office address <u>MUST BE A STREE</u>		Ë
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or the new	registered office address in	Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	
	(City)	, Florida (Zip Code)
	(City)	(Zip Coue)
New Registered Agent's Signature, if changing the second the appointment as registered a second the appointment as registered as the second the		d accept the obligations of the position.
S	ignature 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>	Name	Address	Type of Action
MGR	JAGGA REDDY MADADI	3138 SW 14 STREET FORT LAUDERDALE FL 33312	☑ Add ☐ Remove
MGR_	NARINDER SINGH	2397 WEST 66 PLACE HIALEAH FL 33016	☑ Add □ □ Remove
<u> </u>			
(anach a	dditional sheets, if necessary). (Be spe	cinc)	
<u>provisi</u>	nendment provides for an exchange, re		
(<i>y</i> n	ot applicable, indicate N/A)		

The date of each amendment	s) adoption: 8/5/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 8/5/2011
<u></u> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	8/4/2011
(By sele	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ANNAPURNA D. MADADI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)