P11000056873

, (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2011

MARCOS DEMOURA TROPICAL AUTO TRANSPORTERS INC 2700 W ATLANTIC BLVD STE 203 POMPANO BEACH, FL 33069

SUBJECT: TROPICAL AUTO TRANSPORTERS INC

Ref. Number: P11000056873

We have received your document for TROPICAL AUTO TRANSPORTERS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 611A00020810

TI SEP 15 AM 8: 02

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Tropical auto transpo	rters inc	
DOCUMENT NU	JMBER:	p110000568	373	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		Marcos DeMoura		
	ľ	Name of Contact Person		
	Tropic	al auto transporters inc		
		Firm/ Company		
	2700 W Atlantic blvd suite 203			
Address				
	Pom	pano beach FL 33069		
	City/ State and Zip Code			
***************************************	info@tropica E-mail address: (to be use	alautotransporters.com ed for future annual report notificat	ion)	
For further inform	ation concerning this matter,	please call:		
N	larcos DeMoura	at (<u>954</u>)	357-0605 ne Telephone Number	
Name	e of Contact Person	Area Code & Daytin	e Telephone Number	
Enclosed is a chec	k for the following amount r	nade payable to the Florida D	epartment of State:	
35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporation	S	
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center	Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Inc of	F11 F-			
Tropical auto transporters inc Tropical auto transporters inc 11 SEP 5 PM 3: 27				
(Name of Corporation as suggested with the Florida Dept. of State)				
-140000E0072	TALLARY OF THE			
Dayment Number of Corporat	ion (if known)			
(Document Number of Corporat	ion (it known)			
Pursuant to the provisions of section 607.1006, Florida Statumannent(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporatio	on:			
	The new			
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association and the word "chartered," "professional association to the word "corp."	ooration," "company," or "incorporated" or the organization or "Co". A professional corporation			
B. Enter new principal office address, if applicable:	2700 W Atlantic blvd suite 203			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pompano beach fl 33069			
	Folipario beach il 33009			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2700 W Atlantic blvd suite 203 Pompano beach fi 33069			
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent: Marcos DeM	oura			
2700 W Atlar	ntic blvd suite 203			
New Registered Office Address: (Flori	ida street address)			
Pompano bea	ach , Florida 33069			
(City)				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami				

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>	<u>Address</u>	Type of Action
Pres	Ross Jones	5491 sw 1st street Plantation, fl 33317	☐ Add ☐ Remove

(attach d	additional sheets, if necessary). (Be	specific)	
provis	imendment provides for an exchange ions for implementing the amendme not applicable, indicate N/A)		
			
		,, ,	

The date of each am	endment(s) adoption: 4/12/11
•	(date of adoption is required)
Effective date if app	(no more than 90 days after amendment file date)
Adoption of Amendr	nent(s) (CHECK ONE)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) is was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided 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	"
	(voting group)
action was not req	was/were adopted by the incorporators without shareholder action and shareholder
	ed 9/1/2011 Nature
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Nigel S Harris
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)