P11000082478

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARIBE A	IR TRADERS INC	
DOCUMENT NUMBER: <u>P11000082478</u>		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
DORA HERNANDEZ		
Name o	of Contact Person	
CARIBE AIR TRADERS	INC	
Fin	m/ Company	
10665 SW 190 STREET,	SUITE 3218	
	Address	
MIAMI, FL 33157		
	ate and Zip Code	
CARIBEAIRTRADERS	OGMAIL.COM Tor future annual report notification)	
For further information concerning this matter, p	please call:	
DORA HERNANDEZ	at (305) 812-1415	
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Departr	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED NOV 14 AM 9: 16

CARIBE AIR TRADERS INC SECRETARY OF STAFE
TABLEMAN SEE FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State)	- · •
P11000082478 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a following amendment(s) to its Articles of Incorporation:	idopts the
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,' "Co". A professional corporation name must contain the word "chartered," "profession association," or the abbreviation "P.A."	' or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent:	<u>f the</u>
New Registered Office Address: (Florida street address) , Florida	
(City) (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation position.	ons of the

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Name</u>		Address		
DORA HERNANDEZ		10665 SW 190 STREET,	SUITE 3218	
		MIAMI, FL 33157		
		•		
				
	<u> </u>			
fficer and/or director, please	list the ti	tle(s) and name of the	officer/director	to be
<u>Name</u>	Title(s)	<u>Name</u>		
MILENA LORENZO	4)	. <u> </u>		
	5)			
	6)			
	Mame	DORA HERNANDEZ fficer and/or director, please list the ti Name Title(s) MILENA LORENZO 4) 5)	DORA HERNANDEZ 10665 SW 190 STREET. MIAMI, FL 33157 Fificer and/or director, please list the title(s) and name of the state of the	DORA HERNANDEZ 10665 SW 190 STREET, SUITE 3218 MIAMI, FL 33157 MIAMI, F

(attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an ex	change, reclassification, or cancellation of issued sha	res
If an amendment provides for an exprovisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued sha endment if not contained in the amendment itself:	res
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provisions for implementing the am	change, reclassification, or cancellation of issued sha endment if not contained in the amendment itself:	res

The date of each amendment(s) adop	ption: NOVEMBER 1, 2011
•	(date of adoption - required)
Effective date if applicable: (no mo	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) cient for approval.
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement sch 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)
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder
Dated NOVEM	BER 1, 2011
Signature	Dora Hemandez
(By a direct selected, by	tor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
,,	
DO	RA HERNANDEZ
	(Typed or printed name of person signing)
PRI	ESIDENT
	(Title of person signing)