# P11000108653

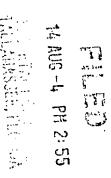
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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AUG 1 4 2014 C. CARROTHERS

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Trendes Communications, Inc.  DOCUMENT NUMBER: 711000 108653				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Reatrice Indelicato  Name of Contact Person				
Tradio Communications, Inc.				
4431 SW 64 Ave # 113				
Address  Paie, Fz 33314  City/ State and Zip Code				
Trendco Ø   @ att. nut  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Beatrice Indelicato at 954, 584-2514				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Molling Address				

### **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

14 AUG -4 PM 2:55

P || 000 108 653
(Document Number of Corporation (if known)

mendment(s) to

		The n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the a lorp," "Inc," or "Co". A professional corporation name must the abbreviation "P.A."	ihbreviat contain
B. Enter new principal office address, if application of the principal office address MUST BE A STREET A		_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	_
		_
). If amending the registered agent and/or regi	stered office address in Florida, enter the name of the	
D. If amending the registered agent and/or reginew registered agent and/or the new register		
new registered agent and/or the new register		
new registered agent and/or the new register	red office address:	_
new registered agent and/or the new register  Name of New Registered Agent	red office address:  (Florida street address)	_
Name of New Registered Agent	(Florida street address), Florida(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)

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add		<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Other	Sarah Lopez	4431 SW 64 Ave
Add		,	Davie, fr 33314
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			_
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

	ticles, enter change(s) here: . (Be specific)
- M. C	· · · · · · · · · · · · · · · · · · ·
	,
	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	tendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	tendment if not confained in the amendment itself:
provisions for implementing the am	nendment if not contained in the amendment itself:
provisions for implementing the am	tendment if not contained in the amendment itself:
provisions for implementing the am	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
<u> </u>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 7/31	2014	
Signatur Best	120,11.	
/ (By a dii	rector, president or other officer – if directors or officers have not been	_
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Beatrice Indelicato (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	