

P12000008112

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*Monroe (Chase)*  
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02/06/12--01049--022 \*\*43.75

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2012 FEB 21 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 00721, 00644

00505, 00524, 00671

*2/21/12*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Transmiami Tours & Events  
Name of Corporation

**DOCUMENT NUMBER:** P12000008112

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Ramirez  
Name of Contact Person

Firm/Company

1566 NE 177 Street  
Address

North Miami Beach  
City/State and Zip Code

athila@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Ramirez at ( 305 ) 510-4620  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2012

Joseph Ramirez  
1566 NE 177 Street  
North Miami Beach, FL 33162

SUBJECT: TRANSMIAMI TOURS & EVENTS, INC.  
Ref. Number: P12000008112

We have received your document for TRANSMIAMI TOURS & EVENTS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The form that you submitted is incorrect. It is for a foreign (out of state) corporation and your entity is a domestic Florida corporation. I have enclosed the correct form for you to fill out and return to us.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 912A00004986

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TRANSMIAMI TOURS & EVENTS, INC.  
DOCUMENT NUMBER: P12000008112

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVER JOSEPH RAMIREZ

Name of Contact Person

Firm/ Company

1566 NE 177 STREET

Address

NORTH MIAMI BEACH FL 33162

City/ State and Zip Code

ATHILA@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVER JOSEPH RAMIREZ at (305) 510.4620

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

☒ \$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

RECEIVED

12 FEB 20 AM 8:40

RECEIVED  
TALLAHASSEE

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2012 FEB 21 PM 12:49

TRANSMIAMI TOURS & EVENTS, INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P12000008112

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ATHILA GROUP, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1566 NE 177 STREET  
NORTH MIAMI BEACH  
FL 33162

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1566 NE 177 STREET  
NORTH MIAMI BEACH  
FL 33162

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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

Example:

Address

Age Group	Total (%)	Female (%)	Male (%)	Under 18 (%)	18-24 (%)
18-24	~1.5	~1.5	~1.5	~1.5	~1.5
25-34	~2.5	~2.5	~2.5	~2.5	~2.5
35-44	~3.5	~3.5	~3.5	~3.5	~3.5
45-54	~4.5	~4.5	~4.5	~4.5	~4.5
55-64	~5.5	~5.5	~5.5	~5.5	~5.5
65-74	~6.5	~6.5	~6.5	~6.5	~6.5
75+	~7.5	~7.5	~7.5	~7.5	~7.5

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	20%
65-74	15%
75-84	10%
85+	5%

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[illegible]

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 02/01/2012

Effective date if applicable: 02/01/2012  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/14/2012

Signature [Signature]  
(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)

EVER JOSEPH RAMIREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)