# P12000015550

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#### **COVER LETTER**

Division of Corporations Street Rat Distribution USA Inc. NAME OF CORPORATION: P12000015550 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Magnum Moran Name of Contact Person Street Rat Distribution USA Inc. Firm/ Company

14545 SW 112th Street Address Miami, FL 33186 City/ State and Zip Code

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

For further information concerning this matter, please call:

Magnum Moran

TO: Amendment Section

Name of Contact Person

at (786 357-4395

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

#### Articles of Amendment to Articles of Incorporation of

### Street Rat Distribution USA Inc

## (Name of Corporation as currently filed with the Florida Dept. of State) P12000015550

(Documen	t Number of Corporation (if k	(nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co ion," or the abbreviation "P.	o". A professional corpoi	porated" or the a ration name must	_The new bbreviation contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST				•
C. Enter new mailing address, if applia (Mailing address MAY BE A POST Control of the Indian address of the In	OFFICE BOX)  d/or registered office addre	ss in Florida, enter the na	nme of the	12 JUN 18 AH 9: 40
Name of New Registered Agent	Magnum Moran (	only address)	_	9
	14545 SW 112th	Street		ر ب <b>ت</b>
New Registered Office Address:	(Florida stree	,	33186	
	(City)	, Florid	a(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as registered.  Signature, if cl	nanging Registered Agent: ered agent. I am familiar wi gnature of New Registered Ag		ons of the position.	

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 <math>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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) <u>×</u> Change —— Add —— Remove	P	Magnum Moran (address change only)	(New Address) 14545 SW 112th Street Miami, FL 33186
2) X Change Add Remove	VP	Norys Moran (address change only)	(New Address)  14545 SW 112th Street  Miarri, FL 33186
3 ) Change Add Remove	<del></del>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articular Articular additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	•

The date of each amendment(s) adoption: June 15, 2012	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	ne amendment(s) was/were sufficient for approval
by	(voling group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated June	15, 2012
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)  MAGNUM MORAN  (Typed or printed name of person signing)
	(Title of person signing)

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