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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS

OCT 3 1 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHS INTERNATIONAL CORP						
	D420000252					
DOCUMENT NUMBI	ER: 1 120000000		- 2.121 2000 0			
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
•	JOSE PEREZ					
_	Name of Contact Person JP GLOBAL BUSINESS SOLUTIONS, INC.					
_	•	Firm/ Company				
7	7325 NW 36TH	STREET				
		Address				
ľ	MIAMI, FL 33166	6				
_	•	City/ State and Zip Code	•			
M	IASTER@JPGB	USINESS.COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
JOSE PI	EREZ	at (305	436-0093			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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				
		•				

Articles of Amendment Articles of

4-	13 UCT 28 Du a
to	13 UCT 28 PM 3: 07
Incorporation of	TALCRETARY DE CUL
VI .	SECRETARY OF STATE TALLAHASSEE, FLORID!
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CHS INTERNATIONAL CORP

(Name of Corporation as currently filed with the F	Clorida Dept. of State)
P12000035335	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or 'word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7909 NW 64TH STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL, FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7909 NW 64TH STREET
	DORAL, FL 33166
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(lilarida et	reet address)
	eer man ess)
New Registered Office Address: (City)	, Florida (Zip Code)
(5.15)	(IA) CONE)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	: with and accept the obligations of the position.
Signature of New Registered 2	Agent, if changing

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:	o, ana sai	y smin, by an an maa,			
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)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	VP	HAYEK, SAMIR	7909 NW 64TH STREET		
Add			DORAL, FL 33166		
Remove					
2) Change	vs	MARDELLI, ZOHAIDA	7909 NW 64TH STREET		
✓ _{Add}			DORAL, FL 33166		
Remove			-		
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

i. <u>If</u> (A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
'. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
,	



the

	r	10/17/201	2		13 OCT 28	RM 3: 07 YOF STATE EE. FLORIDA
The date of each amendment date this document was signed.		10/1//201	<u> </u>		SECRETAR	TOF STATE
Effective date if applicable:	10/17/20	13		ľ	ALLAHASS	EE. FLORIDA
	***************************************	(no more th	an 90 days after a			
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)				
The amendment(s) was/wer by the shareholders was/we			The number of vo	otes cast for th	ne amendment(s)
The amendment(s) was/wer must be separately provide						ent
"The number of votes	cast for the am	endment(s) was	s/were sufficient fo	or approval		
by				.,,		
	(v	oting group)				
The amendment(s) was/wer action was not required.	e adopted by th	e board of direc	ctors without share	cholder action	and shareholde	अ र
The amendment(s) was/wer action was not required.	e adopted by th	e incorporators	without sharehold	ler action and	shareholder	
Dated10,	/17/2013					
Signature		11/11/	+/			
se		corporator – if i	officer – if directo in the hands of a re iary)			rt
			CHARLI H	HAYEK		
		(Typed	or printed name o	f person signi	ng)	
			PRESID	ENT		
			(Title of person s	igning)		-