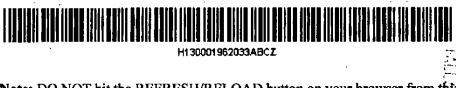


## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations Fax Number (850)617-6380

From:

Account Name : BLANCO ACCOUNTING I, INC.

Account Number : I20100000060 Phone : (305)828-1148

Fax Number : (305)828-1709

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SOL CARGO, CORP

Certificate of Status	* * * * O * * * * *
Certified Copy	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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		of Amendment to		5 <b></b>	
	Articles of	f Incorporation of			Č.
SOL CARGO, CORP					SEF
(Name of Corporation as	currently filed with t	he Florida Dept. of State	)		1
P12000066787					- L-
•	Number of Corporation			77-500 500-4	PH
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Fiorida Statutes,	this <i>Florida Profit Corpo</i>	ration adopts the follow	ing amend	ment(s
A. If amending name, enter the new name	me of the corporation	<u>u</u>			
					ew
name must be distinguishable and contu "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ttion "Corp," "Inc,"	or "Co". A professional	corporation name mus	aboreviaii st contain t	on he
B. Enter new principal office address, it	f applicable:	5469 NW 7	2 AVE		
Principal office address <u>MUST BE A ST</u>		MIAMI FL	33166	<del></del>	
•					
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		5469 NW 7	2 AVE		
	MIAMI FL	33166	 - 		
D. If amending the registered agent and new registered agent and/or the new			the name of the		
Name of New Registered Agent	ANA E CABR	RINI			
	5469 NW 72	AVE			
	•	la street address)	<del></del>		
New Registered Office Address:	MIAMI		Florida 33166		
		City)	(Zip Code)		

Page 1 of

Signature of New Registered Agent, if changing

The date of each amendment(	08/28/2013	, if other than the
date this document was signed.		
Effective date if applicable:	08/28/2013 (no more than 90 days after amendment file date)	_
	()	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 08/	28/2013	
Signature	48 Bolus	
(By set	v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ANA CABRINI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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.

X Change	<u>PT</u> <u>John</u>	n Doe				
X Remove	V Mil	Mike Jones				
_X Add	<u>SV</u> <u>Sall</u>	y Smith				
Type of Action (Check One)	Title	Name ,	<u>Address</u>			
1) Change	P	ALEJANDRO M ARIAS	11413 NW 76 TERRACE			
Add			DORAL FL 33178			
X Remove						
2) Change	PT	ANA CABRINI	5469 NW 72 AVE			
X	•		MIAMI FL 33166			
Remove		,				
3) Change		-				
Add		,				
Remove						
4) Change	<u></u>					
Add						
Remove	•	· · · · · · · · · · · · · · · · · · ·				
5) Change			:			
Add		,				
Remove			,			
	•					
6) Change						
Add						
Remove						

Page 2 of 4

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