P13000002114

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500266901695

500266901695 11/26/14--01016--020 **35.00



12/22/14 (125/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Brite	O Crane	Services	Corp.
DOCUMENT NUMBER:	P 13000	0002114		
The enclosed Articles of Amend	<i>lment</i> and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matte	er to the following:		
Guille	rmo I	Brito (Name of Contact Person		
		Sorvices		
14355 5	w 50	(Firm/ Company)	•	14 5 5
Miami	, Flor	(Address) (City/ State and Zip Code	3175	TILE DEC 19
		(City/ State and Zip Code		19 M 9: 09
For further information concerns		·	ouncation)	Dr. A
				nber)
Enclosed is a check for the follo				
区\$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 Add	ress	Street A	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

•	2 1
	25 C 1
Articles of Amendment , to	
Articles of Incorporation	Total March
Brito Crane Sérvices, Con	Billing Control of the Control of th
(Name of Corporation as currently filed with the Florida Dept. of State)	The state of the s
f 13000002114.	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	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 "corporation," "company," or "incorp	The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the
Name of New Registered Agent	_
(Florida street address)	_
New Registered Office Address:, Florida	a
(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 obligation	ns of the position.

Signature of New Registered 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 <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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)			
1) Change		william Brito	14355 SW 50 61
Add			<u>14355 aw 50 st</u> Wiayi, Fl 33175
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sheets, if ned</i>	cessary). (Be speci	fic)		

				•
				
an amendment provides fo	r an exchange, recla	assification, or car	ncellation of issue	d shares,
rovisions for implementing	the amendment if i	not contained in t	<u>he amendment its</u>	<u>elf:</u>
(if not applicable, indica	te N/A)			
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		· • · · · · · · · · · · · · · · · · · ·		. <u>.</u> <u></u> <u></u>
	-		 .	
<u> </u>				
<u> </u>				

The date of each amendment(s) adopti	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 30 days after amenament 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 a voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting 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	15/2014.	
Signature		
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 iduciary by that fiduciary)	
	Quillermo Brito.	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 5, 2014

GUILLERMO BRITO BRITO CRANE SERVICES CORP 14355 SW 50 ST MIAMI, FL 33175

SUBJECT: BRITO CRANE SERVICES CORP

Ref. Number: P13000002114

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 714A00025726