

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000213560 3)))



H130002135603ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

13 SEP 25 PM 12:59

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : TRIGO AND COMPANY  
Account Number : I20130000070  
Phone : (305) 443-4280  
Fax Number : (305) 446-6175

**\*\*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  
TRANSPORTE Y SERVICIOS VALBARQ, C.A., INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amel

SEP. 26 2013

R. WHITE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP 25 PM 2:59

FILED

H130002135603

H 130002135603

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

SEP 25 PM 2:59

TRANSPORTE Y SERVICIOS VALBARQ, C.A., INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

P13000068349

(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:**

*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)

10900 NW 25TH STREET  
STE 104  
DORAL, FL 33172

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

10900 NW 25TH STREET  
STE 104  
DORAL, FL 33172

**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

H 130002135603

H 130002135603

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:**

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	S	ALESSANDRO DAURIA	10900 NW 25TH STREET STE 104 DORAL, FL 33172
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	ROBERTA LIBI	10900 NW 25TH STREET STE 104 DORAL, FL 33172
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

H 130002135603



H 130002135603

The date of each amendment(s) adoption: 9-25-2013, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 9-25-2013

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)

**ALESSADRO DAURIA**

(Typed or printed name of person signing)

**SECRETARY**

(Title of person signing)

H 130002135603

9/25/2013 12:41:01 From: To: (850) 617-6380

850-617-6380

9/25/2013 11:58:13 AM PAGE 10/001 Fax Server

Fax Server



September 25, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ELBRUZ CASPIAN HORSES INC.  
2300 NORTH SCENIC HWY  
MOUNTAIN LAKE CLUB #53  
LAKE WALES, FL 33898-6626US

SUBJECT: ELBRUZ CASPIAN HORSES INC.  
REF: N11000006010

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 24 PM 2:50

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 243-6050.

Rebekah White  
Regulatory Specialist II

FAX Aud. #: H13000212710  
Letter Number: 513A00022520

RECEIVED

13 SEP 25 PM 0

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 9/24

SEP. 26 2013

R. WHITE