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COVER LETTER

Division of Corporations NAME OF CORPORATION: PMC IMPORTS DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 15 HUNTINGTON LAKES GIVLLE #201
Address City/ State and Zip Code RPERTUISOTO, HOTTAKL. GM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PERTUISAT ROGER at (239), 313 0333

Name of Contact Person 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy

is enclosed)

• ' '			1		
	Articles of Amendment		ALT:	14.0	
, , , , , , , , , , , , , , , , , , , ,	to		्राक्त हैर्दर नामस्या	Ħ	41
	Articles of Incorporation		12.	ì	CARTERIA SERVICE
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+MC IMPORT			<u> </u>	<u> </u>	11
(Name of Corporation as currer	tly filed with the Florida Dept. of	State)	دن [1]	<u> </u>	
			2008 2008 2008 2008	PM 12: 02	
(Document Numb	per of Corporation (if known)		70-	2	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Florida Profit C	Corporation adopts the fo	ollowing a	mendm	nent(s) t
A. If amending name, enter the new name of t	the corporation:				
			TI	he ne	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered." "professional association," of B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	Corp, "Inc," or "Co". A profess or the abbreviation "P.A," cable:	" or "incorporated" or sional corporation name	the abbr must con	eviatio itain th	on 1e
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<i>E BOX</i>)		 		
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, ered office address:	enter the name of the			
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:		, Florida			
negisterea Office maaress.	(City)	Zip Co	ode)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	z Registered Agent: ent. I am familiar with and accept i	the obligations of the pos	sition.		
Cianatana	of New Registered Agent if changing				

address of each Officer: (Attach additional sheets, Please note the officer/dit P = President; V = Vice Executive Officer; CFO sheld. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r. Directo in the for	cary) To by the first letter of the office title: To the first letter of the office title: To the first letter of the office title: The Treasurer: Se Secretary; De Director: TR = Trice The Treasurer: If an officer/director holds more the or would be PTD. The second of the Propertion of the Properties of the Pro	ustee; C = Chairman or Clerk; CEO = Chief van one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
Example: X Change	<u>PT</u>	John Doe	SA CO PRESENT
X Remove	V	Mike Jones	
_X Add		Sally Smith	PHI2: 02 FI ORIO
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	JANET PICHARDS	G815 HUNTINGTON GKES CIRCLE # 201
Add			arce # 201
Remove			NAPLES FL 34/19
2) Change	<u>P</u> _	ROGER PERTUISIT	6815 HUNTINGTON LAKE!
Add			CIRCLE # 201 NAPLES FL 34/19
Remove			NAPLES FL 34119
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

Add

Remove

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an amendment provides for an exchange, reclassification, or c	ancellation of issued shares,
orovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
(y noi applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	14
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.	N traces
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):	B PH IZ:
"The number of votes cast for the amendment(s) was/were sufficient for approval	0.2
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.	
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 Educiary by that fiduciary) PECTU ST Ro GM (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRES, DENT	
(Title of person signing)	