

P140000023066

(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



700266578367

12/08/14--01020--009 **35.00

FILED
14 DEC -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 11 2013

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **TRANS MARKETING SOLUTION CORP**

DOCUMENT NUMBER: **P14000023066**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT CANO

(Name of Contact Person)

EMPIRIC TECHNOLOGY SOLUTIONS, LLC

(Firm/ Company)

PO BOX 450742

(Address)

MIAMI FLORIDA 33245-0742

(City/ State and Zip Code)

rcmeneses@hotmail.com

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

ROBERT CANO

(Name of Contact Person)

at (**305**) **205-5812**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TRANS MARKETING SOLUTION CORP

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

P14000023066

(Document Number of Corporation (if known))

FILED
14 DEC -8 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp" or "Inc"
"Company" or "Co." may not be used in the name.

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 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

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 PT 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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

Change	PD	AUGUSTIN N CIONI	1205 SW 26TH AVE.
Add			HOMESTEAD, FL.
<input checked="" type="checkbox"/> Remove			33035

2) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>LUIS A REY</u>	<u>1205 SW 26TH AVE.</u>
<input type="checkbox"/> Add			<u>HOMESTEAD, FL.</u>
<input type="checkbox"/> Remove			<u>33035</u>

3) _____ Change _____
 _____ Add _____
 _____ Remove _____

4) ____ Change _____
 ____ Add _____
 ____ Remove _____

5) _____ Change _____
 _____ Add _____
 _____ Remove _____

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 12/2/2014, if other than the date this document was signed.

Effective date if applicable: 12/2/2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _____

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Luis Rey
(Typed or printed name of person signing)
12/2/2014
(Title of person signing)