P14000025968

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SECRETABY OF STATE STATEMS SINISTON OF CORPORATIONS

C. LEWIS

AUG 1 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL MASTERS TRANSMISSIONS CORP					
DOCUMENT NUMBER: P14000025968					
	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	atter to the following:			
	WILFREDO M	EJIA			
Name of Contact Person ALL MASTERS TRANSMISSIONS CORP					
12998 NW 42 AVE STE 132					
MIAMI, FL 33054					
		City/ State and Zip Cod	e		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
WILFREDO MEJIA		at (305	796-1735		
Name of Contact Person Area Code & Daytime Telephone Number			•		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 whassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



ALL MASTERS TRANSMISSIONS CORP

14 JUL 21 PH 2: 12

(Name of Corporation as currently filed with the Florida Dept. of State) P14000025968 (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: 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 (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

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		OSCAR I. BERMUDEZ	18255 NW 68 AVE
Add				APT 406
Remove				HIALEAH, FL 33015
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		.		
Add				
Remove				
6) Change				
Ađd				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	onar sneets, y necessary	y. (Be apecine)			
· · · · · · · · · · · · · · · · · · ·					
					
					
	<u> </u>				
. If an amenda	ment provides for an ex	change, reclassific	ation, or cancellat	ion of issued shares,	
provisions fo	for implementing the a	mendment if not co	ntained in the ame	endment itself:	
	pplicable, indicate N/A)				
N/A					
	,,				

The date of each amendment(s) adoption: 07/16/2014	SECRETARY OF STATE	, if other than the
date this document was signed. Effective date if applicable: 07/16/2014	14 JUL 21 PM 2: 12	
Effective date if applicable:	0 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval	
by	."	
The amendment(s) was/were adopted by the board of directors action was not required.		
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder	
Dated_07/15/2014		
Signature ///dom		
	eer – if directors or officers have not been e hands of a receiver, trustee, or other court	
WILFREDO MEJIA		
(Typed or p	rinted name of person signing)	
PRESIDENT		
(Tit	le of person signing)	