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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Trajan Investments	s, Inc.		
DOCUMENT NUMBI	D14000046020			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	Ariel O. Diaz			
		Name of Contact Person	1	
ר	Trajan Investments, Inc.			
_		Firm/ Company		
3	50 S. Miami Avenue, Suite	3112		
_		Address		
N	Miami, FL 33130			
_		City/ State and Zip Code	e	
adiaz28	B@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Ariel O. Diaz		at (305	431-2828	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	□\$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

FIL.ED

Articles of Amendment to Articles of Incorporation of

16 APR 18 PM 12: 54

SECRETARY OF STATE TALLAHASSLE FLORIDA

Trajan Investments, Inc.	THE WORK OF CHAPTER
(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P14000046030	
(De	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	forida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:
	The new
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROX)
(1724111) 4441 655 [1771 B271 1 651 671 1 62	
D. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Nauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	z Registered Agent: ent. 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.

Example: X_Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>V</u>		Claudia Splinter	350 S. Miami Avenue, Suite 3112
X Add				
Remove				Miami, FL 33130
2) Change				
Add				
Remove				
3) Change		<u>.</u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
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	vides for an eych	iange reclassific	ation, or cancella	tion of issued share	· Q.
If an amendment prov	TIMES TOT MIT CACE	ndment if not co	ntained in the am	endment itself:	,
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If an amendment provisions for imples (if not applicable,	menting the ame , indicate N/A)	nument ii not cu			
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• • •	04/20/2016
The date of each amendment(s) adopt date this document was signed.	ion:, if other than the
04/20/20	16
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement in voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
action was not required. Dated 4/14/a	by the incorporators without shareholder action and shareholder 20/6
	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)
Arie	el O. Diaz
	(Typed or printed name of person signing)
Pres	sident
	(Title of person signing)