P14000080614

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Na	me)	
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	RATION:RELIANT TRADI	NG GROUP, INC		_		
DOCUMENT NUM	BER: P14000080614			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	MARIET OSTOS					
		Name of Contact Person	n			
	SUCCESS BUSINESS SOLI	JTION, INC				
		Firm/ Company				
	4684 CASON COVE DR ST	E 106				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address				
	ORLANDO, FL 32829					
		City/ State and Zip Cod	c			
PAY	ROLL@MARIETOSTOS.CO	М	-			
	E-mail address: (to be us	sed for future annual report	notification)	- \$\frac{1}{2} \co	القب	
For further information	on concerning this matter, pleas	se call:			6 DEC 15 PH 12: 5	
MARIET OSTOS		at (7454684	14 mg	-10 C/1	i I''
Name	of Contact Person		de & Daytime Telephone N	umber 2	. Ti	هست <u>ندي</u> هستندي
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		5,	
S35 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)			
	iling Address endment Section		Address Iment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

(<u>Name o</u>	f Corporation as curren	ally filed with the Florida Dept. of State)	
- M	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ition "Corp," "Inc," or	ion," "company," or "incorporated" or the o "Co". A professional corporation name must "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
	÷		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent and new registered agent and/or the new			5 7
Name of New Registered Agent	N/A	ि द्वा - 	- 12: - 12:
		्रे इ.स.च्या १८८८ च्या विद्यालया । इ.स.च्या १८८८ च्या विद्यालया । इ.स.च्या १८८८ च्या विद्यालया । इ.स.च्या १८८८ इ.स.च्या	ပ္သ
	(Florida .	street address)	-
Nov. Book at 1000 Att	N/A	Florido	
New Registered Office Address:		(City), Florida (Zip	Code)
New Registered Agent's Signature, if ch	anging Registered Age		,

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)		Name	Address
1) Change	<u>V</u>	RAKHA ASMA	3512 D AVINCI WAY
Add X Remove			MELBOURNE, FL 32901
2) Change			
Add			
Remove			
3) Change	•		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	*****		
Add			
Remove			
6) Change			
Add			
Pamoua			

N/A	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	No. 1 and Control of the Control of
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
······································	

, •	12/09/2016	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
	7/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
12/09/2016 Dated		
Signature		
selected	rector, president or other officer — if directors or officers have not been l, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	ABDLMAGID BASERE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
·	(Title of person signing)	