P5000071079

(Re	equestor's Name)	
(Ad	idress)	
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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION:	AMP WAY	CORP			
DOCUMENT NUMBER	k:	P150000710	79			
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.				
Please return all correspon	ndence concerning this mat	tter to the following	ıg:			
		ANGELA M. P	ELAEZ			
		Name of Conta	ct Person			
	angela	M. Pelac	3/			
	Firm/ Company 9481 HIGHLAND OAK DR UNIT 1214 Address					
_						
	TAMPA, FL 33647					
	City/ State and Zip Code					
	CRUZA	CCOUNTANTS@	YAHOO	.COM.MX		
	E-mail address: (to be us	sed for future annu	al report	notification)		
For further information co	oncerning this matter, pleas		813	919-0824		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number		
	ne following amount made	payable to the Flo		•		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	рy	□\$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			Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



AMP WAY CORP

15 SEP 10 PM 1:28

	AMP WAY CORP
(Name of Corpora	ration as currently filed with the Florida Dept. of State)
	P15000071079
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amend
. If amending name, enter the new name of the	e corporation;
	The n
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	word "corporation," "company," or "incorporated" or the abbreviatiorp," "Inc," or "Co". A professional corporation name must contain the abbreviation " $P.A.$ "
B. Enter new principal office address, if applicate Principal office address MUST BE A STREET AL	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)
 If amending the registered agent and/or registened agent and/or the new registered. 	stered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
tione of the Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing R	Registered Agent;
hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Sie	ignature 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 Doe	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SEC		NORLAN SIMON AVILA	5807 CREST HILL DR
X Add				TAMPA, FL 33615
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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			<u></u>	
		· · · · · · · · · · · · · · · · · · ·	- <u>-</u>	
If an amendment provides for an exch	inge, reclassification, o	cancellation of iss	ued shares.	
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained	in the amendment	<u>itself:</u>	
(/ / / · · · · · · · · · · · · · · · · · · ·				
	- 44			
		-		<u> </u>

•	08/31/2015	
The date of each amendment(s) as date this document was signed.	loption:	if other than the
08/3	1/2015	DIAIR A GU SOULOGUE SAN
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 SEP 10 PH 1: 28
Note: If the date inserted in this be document's effective date on the De	clock does not meet the applicable statutory filing requirements, partment of State's records.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amen fficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	ılder
08/31/201: Dated	5	
Signature \mathscr{A}	ngela H. Pelaez	
(By a c	livector, president or other officer - if directors or officers have no	
	d, by an incorporator – if if the hands of a receiver, trustee, or other than the diduction of the fiduciary)	ner court
	ANGELA M. PELAEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>