Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000241976 3)))



1150002419763ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F 2 3				
FWGIT	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN RAMINATRANS USA CORP Certificate of Status

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 12 2015

(H150002419763)

Articles of Amendment to Articles of Incorporation

	of		- 001 - 9 1	PM ~
	RAMINATRANS USA	CORP	SECRETARY OF	'' 3:]
(Name of C	orporation as currently	y filed with the Florid	a Dept. of State	FILE
	P15000076780		7,	, comp
	(Document Number of	Corporation (if knows)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corpord	ntion adopts the following amer	ndment(s)
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "	Co". A professional	TheThe incorporated" or the abbrevicorporation name must contain	new ation n the
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>	pplicable: EET ADDRESS)			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF				
D. If amending the registered agent and/o new registered agent and/or the new re-			the name of the	
Name of New Registered Agent				
_	(Florida str	ect address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		(City)	, Florids(Zip Code)	
New Registered Agent's Signature, if char				

Signature of New Registered Agent, if changing

(H150002419763)

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	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	GUILLERMO MUÑOZ LOMAS	3225 S BISCAYNE BLVD
Add			UNIT#3215 CORAL GABLES
X Remove		,	FLORIDA 33134
2) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3)Change			
Add		, ,	***************************************
Remove		•	
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(H150002419763)

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		
		
		
· · · · · · · · · · · · · · · · · · ·		
		
	,	
if an amendment provides for up aych	rango reclassification or cancellation of issued charge	
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	س برسست
	78 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9 OHOBED ZOIS	,, ., , , ,,
	•••
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALVARO BELTRAN TOLOSA	-
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	