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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KARCAR INVES	TMENTS CORP
DOCUMENT NUMBER: P15000094567	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
JAMES GONZALEZ	
	Name of Contact Person
A,T PLUS CORP	
	Firm/ Company
3650 NW 82ND AVE SUIT	E 404
	Address
DORAL, FL 33166	
	City/ State and Zip Code
ATPLUS@LIVE.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
JAMES GONZALEZ	at (305 ) 406-3800
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

Tallahassec, FL 32301

## Articles of Amendment to Articles of Incorporation

17 MAY -8 PH I2: 20

KARCAR INVESTMENTS CORP

of the state of th

( <u>Name</u>	of Corporation as currently	filed with the Florida De	pt. of State)
P15000094567			
——————————————————————————————————————	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corpo	The new porated" or the abbreviation ration name must contain the
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new	<i>OFFICE BOX</i> ) nd/or registered office addro		ame of the
Name of New Registered Agent	KAREL FLORES		
	6791 ROYAL MELBOUR	NE DR	
	(Florida stre	et address)	
New Registered Office Address:	HIALEAH		, Florida 33015
New Negation of Control of the New York	(	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	tered agent. I am familiar w		
	Signature of New Ro	egistered 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	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	CARMEN DE LA MATA	6791 Royal Melbourne Dr
Add Remove			Hialeah, FL 33015
2) Change	P	KARL FLORES	6791 Royal Melbourne Dr
Add			Hialeah, FL 33015
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Cliange			
Add			
Remove			

Attach additiona	dding additional Articles, en sheets, if necessary). (Be s	pecific)		
	<del></del>	<del></del>		
				d Mills
			<u>=</u>	
			·	
f an amendmen	provides for an exchange,	reclassification, or ca	ncellation of issued s	shares,
provisions for i	nplementing the amendmen	t if not contained in	he amendment itself	<u>:</u>
(if not appli	eable, indicate N/A)			
				•
	The state of the s			
<del>-</del>				
			-	

The date of each amendment(s) addate this document was signed.	option:, if other than the
 Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopt by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
1	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder
MAY 3, 20 Dated	
Signature	To Con
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diduction of the fiduciary)
	KAREL FLORES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)