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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TRAFFIXING						
DOCUMENT NUN	4BER: P15000097695						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corr	respondence concerning this ma	atter to the following:					
	MARIAGONZALEZ						
	Name of Contact Person TRAFFIXINC						
		Firm/ Company					
	1301NW89THCTSTE218						
	Address						
	DORAL,FL33172						
		City/ State and Zip Code	e				
ALI	A@AVALANCHETRANSPO	RTS.COM					
	E-mail address: (to be u	sed for future annual report	notification)				
For further informat	ion concerning this matter, pleas	se call:					
MARIAGONZALE.	Z	305	484-2296				
Nam	e 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)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Cr µy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301				

Articles of Amendment to **Articles of Incorporation**

of

TRAFFIXINC		1 · 1 have some
(Name P15000097695	of Corporation as curren	tly filed with the Florida Dept, of State 3 3 4
	(Document Number	of Corporation (if known) 18 4 3 4 5
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	iation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:		1301NW89THCTSTE218
(Principal office address <u>MUST BE A S</u>		DORAL,FL33172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1301NW89THCTSTE218
		DORAL,FL33172
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address w registered office address	lress in Florida, enter the name of the is:
Name of New Registered Agent	MARIAGONZALEZ	
	1301NW89THCTSTE2	18,DORALFL33172
	(Florida si	treet address)
New Registered Office Address:	DORAL	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agen tered agent. I am familiar	(City) , Florida (Zip Code)
	ATT.	A
	Sig x ature 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)

Example:

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 Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	EDUARDODEGRIJZE	1301NW89THCTSTE218		
Add X Remove			DORAL,FL33172		
2) Change	P	MARIAGONZALEZ	1301NW89THCTSTE218		
X Add			DORAL,FL33172		
Remove					
3) Change			-		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<u> </u>			
Add					
Remove					

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific) WEWANTTOCHANGETHEREGISTEREDAGENTNAMEANDADDRESSTO:MARIAGONZALEZ
1301NW89THCTSTE218,DORALFL33172

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amend	iment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ado action was not required. Dated Signature	pted by the incorporators without shareholder action and shareholder	lder
diy a di	rector, president or other officer – if directors or officers have no i, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary)	
	EDUARDO DEGRISZE	
•	(Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	
•	(Title of person signing)	