P16000013629

(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CRUZ C	Control tem	isport coxp.	
	ER: <i>P160000</i>			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	ter to the following:		
_	So.	SA Felix E		
		Name of Contact Person	·	
_		Firm Company		
-	999	11 Sw 38	57:	
	4 1	Address	برا _ر ج	
Address M'Ami FL: 33/65 City' State and Zip Code				
	E-mail address: (10 be us	P @ Impil sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Lose	Felix Car	at (ZFC	2996366	
Name o	f 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:	
□ S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	US52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mail</u>	ing Address	Street	Address	

Amendment Section
Division of Corporations
P.O. Box 632
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Cps2 control Trypesport Parp.			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P160000 13629			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foll ts Articles of Incorporation:	owing amer	ndmen	ı(s) to
A. If amending name, enter the new name of the corporation:			
	The	new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or t "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name n word "chartered," "professional association," or the abbreviation "P,A."	he abbrevionust contain	ation n the	
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
·			
Enter new mailing address, if applicable:	·	~ -	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	7016	
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	STATE OF THE PARTY	70	fame?
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	77	7	
new registered agent and/or the new registered office address:	OR A	$\ddot{\mathcal{S}}$	Sin
Name of New Registered Agent	_	ဌာ	
·,			
(Florida street address)			
New Registered Office Address:			
(Ciņ')	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posit	ion		
nereo, decept me appointment as registered agent. I am jumital with and decept me obligations of the posi-	O11.		
			•
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	PT	<u>John Doe</u>		
X Remove	$\underline{\mathbf{V}}$	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	MAYKER.	SANCH Z	10801 Sw 146 PM
Add		/		MANI, PL. 33186
Remove				
2) K Change	V	Jose Filis	× PMZ	9941 Sw 38 St. MM mi, Pl. 33/6)
				MM mi 86.33/6)
Remove				
3)Change				
Add				
Remove				
4) Change				
Add			 .	
Remove			•	
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Change				
Add			_	
Remove			***	
) Change				
Add				
Remove				

	(Y.). (Be specific)	
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f an amendment provides for an e	exchange, reclassification, or cancellation of issued	l shares.
provisions for implementing the a	exchange, reclassification, or cancellation of issued amendment if not contained in the amendment itse	l shares, lf:
f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in the amendment itse	l shares, lf:
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11. 1

The date of each amendment(s) a	doption:	2/19/2016.	, if other than the
date this document was signed.	/2	10 4	
Effective date <u>if applicable</u> :	2/20	O/ZO/6 · o more than 90 days after amendment ;	Gla Justa
	, (no	o more than 90 aays after amenament j	nie aate)
Note: If the date inserted in this bedocument's effective date on the De	plock does not mepartment of State	neet the applicable statutory filing reque's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHEC</u>	K ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su		eholders. The number of votes cast for oval.	the amendment(s)
		areholders through voting groups. The up entitled to vote separately on the an	
"The number of votes cast	for the amendme	ent(s) was/were sufficient for approval	
by		<u></u> .	
	(voting g	group)	
The amendment(s) was/were add action was not required.	opted by the board	d of directors without shareholder action	on and shareholder
The amendment(s) was/were add action was not required.	opted by the incor	rporators without shareholder action an	d sharcholder
Dated 2	19/20/0	6	
Signature	· (
	irector, president	t or other officer – if directors or office	rs have not been
selected		rator - if in the hands of a receiver, trus	
uppo			
		sed or printed name of person signing)	-
	(Type	ed or printed name of person signing)	
		V-PRES: LAT	
		(Title of person signing)	