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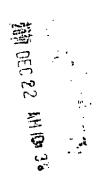
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COVER LETTER

<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations NAME OF CORPORATION: AMBYAC INC DOCUMENT NUMBER: P1600057129 The enclosed Articles of Amendment and fee are submitted for filing.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alean MacHado Name of Contact Person
Firm/Company 7811 SW 24 STCEET Suite 120 Address Liani R 33155 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alean MacHado at (305) 985-9445 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of			179
Plady 2 TRANS FL name must be distinguishable and contain in "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	: "Corp," "Inc,"	or "Co". A professione	incorporated" or the abbrevial or the abbrevial of the abbrevial contain
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREI</u>		N/A	
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>		N/A	
D. If amending the registered agent and/or new registered agent and/or the new reg			er the name of the
	(Flori	da street address)	
New Registered Office Address:		(City)	Florida
New Registered Agent's Signature, if change the hereby accept the appointment as registered to the second s		gent:	, . ,

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

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an amendment provides for an exchan	na raclassificat	ion or can	callation o	fissued sl	haros	
provisions for implementing the amenda	ment if not cont	ained in the	e amendm	ent itself:		
(if not applicable, indicate N/A)						
	·•					

The date of each amendment(s) adoption:	, if other than the
Jate this document was signed.	
Effective date <u>if applicable</u> :	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will 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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature(By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary by that fiduciary)	
Allon MacHado (Typed or printed name of person signing)	
PLESIDENT.	
(Title of person signing)	