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(Do	cument Number)	
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SECRETARY OF STATE
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COVER LETTER

Division of Corporations Whining Invision Housing Town Transfortating INC NAME OF CORPORATION: 80000 69412 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: INFINITY INVITED HOURING, TOURI TRANSPOS TATIVITALE
Firm/ Company

314 Brookfuelo Cia

Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: nank (31/4) Inv at (919) 721-6066

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Infinity Fuxision Housing Towns	TRANSPON 4TION INC. (tly filed with the Florida Dept. of State)
(Name of Corporation as currer	tly filed with the Florida Dept. of State)
r 2800069412	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	N/A The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	W/A
	ALLA DO F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A TED
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	N/A
(Florida	street address)
New Registered Office Address:	. Florida
New Registerea Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position. ${\cal N}$
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	<u>PT</u>	John Doe	
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	VP	FLOR GALARZA	AZUAY
Add Remove			SAN ISE COSTA RICA
2) Change	Yf_	KSVIN SWIETEK	1610 OREGON-ST ORLANDO, FI
Remove 3) Change Add	<u>Vf</u>	Rosa Ramirez Navarao	32803 PRONVINCIA CARTAGO COSTARICA - DE CASA16
Remove 4) Change			
Add			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

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)	Attach <i>additi</i>	or adding addition onal sheets, if neces.	sary). (Be spe	cific)			
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) licient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated /O -	10-2618	
Signature(By a di	rector, president or other officer – if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	
аррони	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
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	Vice Passion + forin	 -
	(Title of person signing)	