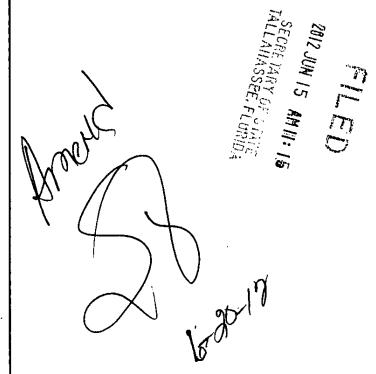
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
	siness Entity Nar	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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06/15/12--01021--005 \*\*52.50



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION.		CORPORATION
DOCUMENT NUMB	<sub>ER:</sub> P94000041	009	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	, · ·
Please return all corres	pondence concerning this ma	tter to the following:	
	LAURA KOPE		
•	TRUST INTER	Name of Contact Person	CORPORATION
	501 S. FLAGL	ER DR., STE	300
	WEST PALM	BEACH, FL 3	33401
_		City/ State and Zip Code	e .
CC	NTACT@TRU	JSTINTL.COI	M
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
LAURA KO	PE	at (561	, 540-4043
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	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address ment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation



## TRUST INTERNATIONAL CORPORATION

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

P94000041889

(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:

ne must be distinguishable and contai orp.," "Inc.," or Co.," or the designat rd "chartered," "professional associatio	ion "Corp." "Inc,"	or "Co". A professio	
Enter new principal office address, if incipal office address <u>MUST BE A STR</u>		N/A	
Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		N/A	
If amending the registered agent and/	registered office add	address in Florida, en Iress:	ter the name of the
	V/A	<del>- 1</del>	
N		da street address)	
Name of New Registered Agent  New Registered Office Address:	(Florid	da street address) City)	, Florida(Zip Code)
Name of New Registered Agent	(Floria ( ) ( ) ( ) ( )	City)	(Zip Code)

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>	Address
I) Change Add Remove	P	LASZLO MOLNAR	2580 S OCEAN BLVD 1B-7 PALM BEACH, FL 33480
2) Change Add Remove	v	JAMES MOLNAR	2580 S OCEAN BLVD 1B-7 PALM BEACH, FL 33480
3) Change Add Remove	, <u>P</u>	JAMES MOLNAR	109 ABONDANCE DR PALM BEACH GARDENS, FL 33410
4) Change Add Remove	<u>D</u>	LASZLO MOLNAR	2580 S OCEAN BLVD 18-7 PALM BEACH, FL 33480
5) Change Add Remove			
6) Change Add Remove	<del></del>		

E. If amending or adding additional Arti ( attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	· · · · · · · · · · · · · · · · · · ·
	·
,	
	·
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)  N/A	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	·

•	IUNE 10TH 2012
	JUNE 10TH, 2012 JUNE 11TH, 2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.  The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated JUN	NE 13TH, 2012
Signature	2/2/
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	JAMES MOLNAR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person cianing)