## P94000045643

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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06/25/12--01009--021 \*\*35.00

Marie Charge

5 PH H: 02 SSEE, FLORIDA

BOR, 6 /20/12

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations   | <b>A</b> riq   |  |              |  |  |
|--|--|--|--------------|--|--|
| NAME OF CORPORATION: Traly (U. S.                                    |  | <b>₹</b> •   |              |  |  |
| DOMODOMECA   |  |  |              |  |  |
| DOCUMENT NUMBER: P940004504  |  |  | ·,           |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing. |  |  |              |  |  |
| Please return all correspondence concerning this mat                 | ter to the following:  |  | W.           |  |  |
| Peggy L. Carry, E  | Esquire  |  |              |  |  |
| ***************************************                              | Name of Contact Person   | 1  | <del>_</del> |  |  |
| Peggy L. Carry, P. A.  |  |  |              |  |  |
|  | Firm/ Company  |  | <del></del>  |  |  |
| 1515 North Feder   | al Hwy, Suite 30   | 00   |              |  |  |
|  | Address  |  | <u></u>      |  |  |
| Boca Raton, FL 3   | 3432   |  |              |  |  |
| <del>*************************************</del>                     | City/ State and Zip Code   | e  | <del></del>  |  |  |
| PLCarry@aol.com  |  |  |              |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |              |  |  |
| For further information concerning this matter, please call:         |  |  |              |  |  |
| Peggy Carry  | <sub>at (</sub> 561  | , 338-3253   |              |  |  |
| Name of Contact Person   | Area Co  | de & Daytime Telephone Num   | ber          |  |  |
| Enclosed is a check for the following amount made p                  | payable to the Florida Depa  | artment of State:  |              |  |  |
| \$35 Filing Fee & Certificate of Status                              | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |              |  |  |
| Mailing Address  |  | Address  |              |  |  |
| Amendment Section Division of Corporations                           |  | Iment Section of Corporations  |              |  |  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation



| Traly (U. S. A.), Inc.  | 2012 JUN 25 PM 4: 02   |
|---|--|
| (Name of Corporation as currently filed with the  | SECRETARY OF STATE   |
| P94000045643  | TALL AHASSEE, FLORIDA  |
| (Document Number of Corporation   | n (if known)   |
| ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:   | is Florida Profit Corporation adopts the following amendment(s   |
| . If amending name, enter the new name of the corporation:  |  |
| raly, Inc.  | The new  |
| ame must be distinguishable and contain the word "corporat<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>ord "chartered," "professional association," or the abbreviation | tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| . Enter new principal office address, if applicable:  | N/A  |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A  |
| . 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                                       |  |
| (Florida :  | street address)  |
| New Registered Office Address:  | , Florida  |
| (Cit  | (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Age<br>hereby accept the appointment as registered agent. I am familia   |  |

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> J        | ohn Doe            |  |
|-------------------------------|--------------------|--------------------|--|
| X Remove                      | <u>v</u> <u>N</u>  | <u>Mike Jones</u>  |  |
| X Add                         | <u>sv</u> <u>s</u> | ally Smith         |  |
| Type of Action<br>(Check One) | Title              | <u>Name</u>        | <u>Addres</u> s                            |
| 1) × Change Add Remove        | PD                 | Bertha Litvack     | 899 Appleby Street Boca Raton, FL 33487    |
| 2) × Change Add Remove        | CEOSD              | Kenneth E. Litvack | 899 Appleby Street<br>Boca Raton, FL 33487 |
| 3) Change<br>Add<br>Remove    | VPD                | Adam Litvack       | 899 Appleby Street Boce Raton, FL 33487    |
| 4) Change<br>Add<br>Remove    | VPCFO              | Richard Parke      | 899 Appleby Street  Boce Raton, FL 33487   |
| 5) Change Add Remove          |                    |                    |  |
| 6) Change Add Remove          |                    |                    |  |

| E. If amending or adding additional Articles, enter change(s) here:  ( attach additional sheets, if necessary). (Be specific)  |
|--|
| N/A  |
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| 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)  N/A |
|  |
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|  |

| The date of each amendment(s) adoption: JUNE 1, 2012   |
|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
| (no more than 90 days after amenament file date)   |
| Adoption of Amendment(s) (CHECK ONE)   |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)  |
| (voiing group)   |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated 6/20/12  |
| Signature - S S  |
| (By a director, president or other officer – if directors or officers have not been  |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other court  |
| appointed fiduciary by that fiduciary)   |
| BERTHA LITVACK   |
| (Typed or printed name of person signing)  |
| PD   |
| (Title of person signing)  |