# P950005493

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SECRETARY OF STATE TALL'AHASSEE, FLORID.

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Rolling Ado Spevice Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company -HAT DANKER THOUGH SECTION OF THE SECTIO Toe/BARZOS @ Bellsouth. Net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 
 70c/ BATKOS
 at (305) 979-4162

 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: \$35 Filing Fee ☐ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

to

### **Articles of Incorporation**

οf

FILED	
2009 JUL 24 PM	
SECRETARY OF ST.	6

(Name of Corporation as currently filed with the Florida Dept. of \$4

P950000 54993
(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:

me must be distinguishable and contain	N/A	The r
me must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ime must contain the word "chartered," "pi	he designation "Corp," "Ind	c," or "Co". A professional corporat
Enter new principal office address, if an arrival office address MUST BE A STRE		N/A
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		N/A
		-
If amending the registered agent and/or new registered agent and/or the new reg		in Florida, enter the name of the
		in Florida, enter the name of the
new registered agent and/or the new reg		
<u>Name of New Registered Agent:</u>	v/A (Florida street	address)
<u>Name of New Registered Agent:</u>	gistered office address:  N/A  N/A	
new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  ew Registered Agent's Signature, if change	cistered office address:  ///A  ///A  (Florida street of the content of the conte	oddress), Florida (Zip Code)
Name of New Registered Agent:  New Registered Office Address:	cistered office address:  ///A  ///A  (Florida street of the content of the conte	oddress), Florida (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Pd.	BerAbe BARROS	13985 SW 25 texas MIAMI FI 33175	Add Remove
<i>Pd.</i>	Joel BARROS	14817 SW 32 St Minmi Fl 3318.	Add Remove
	TO THE RESIDENCE OF THE PERSON		
	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
	·		
provis	mendment provides for an exchange, resions for implementing the amendment in applicable, indicate N/A)		
****	N/A		
<del></del>			

The date of each amendment(s) a	doption: 7	30-07	
	(aare of aa	opnon is requirea)	
Effective date <u>if applicable</u> : (no	more than 90 days after a	amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were so		. The number of votes cast for the ame	endment(s)
		rs through voting groups. The followined to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/	/were sufficient for approval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
by(vot	ing group)		
action was not required.		ectors without shareholder action and si	
Dated	7/20/09 AN		
Signature	and		
(By a din selected,	- •	officer – if directors or officers have no the hands of a receiver, trustee, or oth ary)	
•	Beanabe	BAKKOS I name of person signing)	
	(Typed or printed	I name of person signing)	
	Presiden		
	(Title of person signi	ing)	