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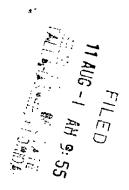
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COVER LETTER

Division of Corporations -NAME OF CORPORATION: Trans-Continental Wholesale Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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

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

(Name of Corporation as currently t	filed with the Flor	rida Dept. of Sta	nte)		
P9900000	9737				
(Document Number o	f Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this	Florida Profit (<i>Corporation</i> ad	opts the following	lowing
A. If amending name, enter the new name of the c	orporation:				
				The new	,
name must be distinguishable and contain the wand abbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	nation "Corp," "I	lnc," or "Co". .	A professional	ted" or the corporation	: F
B. Enter new principal office address, if applicable	<u>e:</u>		4.6	<u> </u>	
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)		· ·	-0. -	
		<u></u>	4 0		77
			(,	П
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			AM 9: 55	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		s in Florida, ent	er the name of	<u>the</u>	
Name of New Registered Agent:			_		
New Registered Office Address:	(Florida stree	t address)	_		
			_, Florida		
	(City)	(Zi _I	o Code)		
New Registered Agent's Signature, if changing Regional Interest accept the appointment as registered agent.		and accept the	obligations of t	he position.	
Signatu	re of New Register	red Agent, if cha	nging		

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)

Title	Name	Address	Type of Action
project)	Nicolle Mahady	1153 Avoret Ra Delray Beach - FL 33444	□ Add □ Remove
	litional sheets, if necessary). (Be spe		
provision	endment provides for an exchange, ross for implementing the amendment in applicable, indicate N/A)		

The date of each amendment(s) adoption: 7/2////
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment 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(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statements that the 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)
(voting 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 7/21/11
Signature (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)
(Typed or printed name of person signing)
(Title of person signing)