## P9900099401

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| (RE                     | equestor's Name)                          |  |
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| PICK-UP                 | ☐ WAIT                                    | MAIL   |
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| (Bu                     | ısiness Entity Nam                        | ne)  |
|                         |   |  |
| (Do                     | ocument Number)                           |  |
|                         |   |  |
| Certified Copies        | Certificates                              | of Status  |
| Certified Copies        | _ Certificates                            | or Status  |
| ·                       |   |  |
| Special Instructions to | Filing Officer:                           |  |
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PILED

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SECRETARY OF STATE
ALLAHASSEE FLOOR

My Son

## **COVER LETTER**

| TO: A C                            |                              |  |  |
|------------------------------------|------------------------------|--|--|
| TO: Amendment So<br>Division of Co |                              |  |  |
| 2.113.611 01 00                    |                              |  |  |
| NAME OF CORP                       | ORATION: OUN                 | rise Limo 8                                  | E Sedan Services   |
|                                    |                              |  |  |
| DOCUMENT NU                        | MBER: <u>P</u> 9900          | 0099411                                      |  |
| The enclosed Articl                | es of Amendment and fee a    | re submitted for filing.                     |  |
| Please return all cor              | respondence concerning thi   | s matter to the following:                   |  |
| -                                  | Guery L                      | illianceau ame of Contact Person             |  |
|                                    |                              |  |  |
| -                                  | Nationa                      | Firm/ Company                                | Futurity Globa   |
|                                    | <b>~</b>                     |  | INC  |
| _                                  | 3389 She                     | ridan St #                                   | -182   |
|                                    |                              | Address                                      |  |
| -                                  | Holly wow                    | D, FL 330                                    | 21   |
|                                    | C                            | ity/ Mate and Zip Code                       |  |
| <del></del>                        | E-mail address: (to be use   | d for future annual report notification)     |  |
|                                    |                              | ,  |  |
| Før further informat               | tion concerning this matter, | please call:                                 |  |
|                                    | Illianceau                   | at (561) 598                                 | 1-8671   |
|                                    | of Contact Person            | at ( ) 61 ) 10<br>Area Code & Daytime Tele   | phone Number   |
| Olvaine (                          | or Contact Person            | Area Code & Daytime Tele                     | prione Number  |
| Enclosed is a check                | for the following amount m   | ade payable to the Florida Departr           | ment of State:   |
| \$35 Filing Fee                    | ☐ \$43.75 Filing Fee &       | ☐ \$43.75 Filing Fee &                       | □ \$52.50 Filing Fee   |
| <b>y</b> _ · 3                     | Certificate of Status        | Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad                         | dress                        | Street Address                               |  |
| Amendment                          |                              | Amendment Section                            |  |
|                                    | Corporations                 | Division of Corporations                     |  |
| P.O. Box 63                        |                              | Clifton Building                             |  |
| Tallahassee,                       | FL 32314                     | 2661 Executive Center Circle                 | <b>;</b>   |

Tallahassee, FL 32301

| Articles of Amendment   |
|---|
| to  |
| Articles of Incorporation   |
| of FG 2   |
| Sunrise Limo & SeDan Gervice Mich I   |
| (Name of Corporation as currently filed with the Florida Dept. of State)  |
| 799000099401 Pg ≥ B   |
| (Document Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopte the following amendment(s) to its Articles of Incorporation:  |
| A. If amending name, enter the new name of the corporation:  NATIONAL HUFURITY Global INC  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the   |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: Guery Williamceau   |
| B. Enter new principal office address, if applicable:   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  3389 Sheridan St   |
| Suite 182   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  3389 Sheridan St   |
| # 182<br>Holly WOOD, FL 33021   |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the  |
| new registered agent and/or the new registered office address:  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:    Very William Ceau   3389 Sheridan St #182   (Florida street address)   (City) (Zip Code)   |
| New Registered Office Address: 3389 Shevedan 34 44/82   |
| Holly (NOOD / Florida (33021  |
| (City) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agent:   |
| hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |

nereby accept the appointment as registered agent. I am jamitar with and accept to

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)

| <u>Title</u> | <u>Name</u>   | <u>Address</u>   | Type of Action |
|--------------|---|--|----------------|
| <del></del>  | <del></del>   |  | ☐ Add☐ Remove  |
|              | <del></del>   |  | ☐ Add☐ Remove  |
|              |   |  | Add Remove     |
|              | nding or adding additional Andditional Andditional sheets, if necessary | Articles, enter change(s) here:  ). (Be specific)  Volume SF                   |                |
| 50           | 11te 182  |  |                |
| Hol          | ly wood /   | FL 3300  | LI             |
| provis       |   | exchange, reclassification, or cancella<br>mendment if not contained in the am |                |
|              | <del>.</del>  |  |                |
|              |   |  |                |
|              |   |  |                |

| The date of each amendment                          | (s) adoption: $\sqrt{2}$   |
|---|--|
| • • • •   | (date of adoption is required)   |
| 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/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.   |
|   | re approved by the shareholders through voting groups. The following statemend 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/wer action was not required.   | re adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/wer action was not required.   | re adopted by the incorporators without shareholder action and shareholder   |
| Dated   | 7-13-2009  |
| Signature   | AN   |
| ( sele  | 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 binted fiduciary by that fiduciary) |
|   | (Typed or printed name of person signing)  |
|   | (Title of person signing)  |