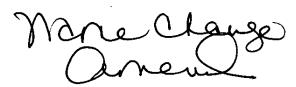
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SAMHARA BEACHWEAR INCORPORATED		
DOCUMENT NUMBER:	P0900074064		
The enclosed Articles of Amenda	nent and fee are submitted for filing.		
Please return all correspondence	concerning this matter to the following:		
	CATALINA DALLOS		
	Name of Contact Person		
	Firm/ Company		
	13826 NW 21 Street		
to be arrived as a grant	13826 NW 21 Street		
. · ·	PEMBROKE PINES/ FL 33028		
	City/ State and Zip Code		
E-mail a	white.do/phin.enterprises@gmail.com ddress: (to be used for future annual report notification)		
For further information concerni	ng this matter, please call:		
CATALINA DAL Name of Contact Perso			
Enclosed is a check for the follow	wing amount made payable to the Florida Department of State:		
✓ \$35 Filing Fee	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address 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

TALLAHASSEE FLORIOL

SAMHARA BEACHWEAR INCORPORATED

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

P09000074064

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

WHITE DOL	PHIN ENTERPRISES INC.	The ne
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	FFICE BOX)	
D. If amending the registered agent and/onew registered agent and/or the new r		nter the name of the
Name of New Registered Agent:	·	
Name of New Registered Agent.		
Name of New Registered Agent. New Registered Office Address:	(Florida street address)	
		, Florida Zip Code)

		each Officer and/or Director being	z adde <u>d:</u>
attaen a	dditional sheets, if necessary)		•
<u> itle</u>	Name	<u>Address</u>	Type of Actio
			☐ Add

			Remove
. <u>If am</u>	ending or adding additional Arti	icles, enter change(s) here:	
	h additional sheets, if necessary).		
			
			
		•	
		change, reclassification, or cancella	
prov	visions for implementing the ame if not applicable, indicate N/A)	ndment if not contained in the am	endment itself:
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The date of each amendment	c(s) adoption: OCTOBER 1ST, 2009
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_SEF	PTEMBER 27TH, 2009
Signature (By	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	CATALINA DALLOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)