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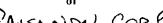
TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ETIM NAIM Name of Contact Person) (Firm/ Company) 1301 NE HIATU GARDENS De \$ 316 Histin Fr 33178.
(City/ State and Zip Code) GLOBALTBORG CEE GHAIL CON

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 786 - 262 - 4397
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



nt(s) to

YA1S	SANDU CORT
(Name of Corporation as	currently filed with the Florida Dept. of State)
P 170	000055177
	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	1301 NE FUATU GARDENI DE
Principal office address MUST BE A STREET ADDRESS)	# 316, MARIE # 33179
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Manny duriess Manness	
. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	: address:
Name of New Registered Agent	
- CF	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Decision of Association (Control of the Control of	
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	
	, , , , , , , , , , , , , , , , , , , ,
Signature of	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: XChange	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Jahn, Man.	20191 E COUNTRY CLUB DE AVENTURA
Add		v	ews De Aventues
Remove			FL 33180.
2) Change	<u>D</u>	GIMENEZ, GRISELDA.	20191 E COUNTY CW3 DL, WELTERS.
Add			
Remove		11 0	FL, 33180.
3) Change	\supset	LILIANA CALDERON	1301 NE MARI GRYENS Dr. # 316, MARI Tr. 33179
Add			Dr # 316, MAM
Remove			FL 33179.
4) Change			
Add			
Remove			
5) Change			
Ad d			
Remove			
6) Change			
Add			
Remove			

ttach addition	adding additional Artic al sheets, if necessary).	(Be specific)				
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an amandma	it provides for an excha	ngo malassifi		aallatiam a£inau		
rovisions for	implementing the amen	dment if not c	ontained in th	e amendment i	tself:	
(if not app:	icable, indicate N/A)		· <u></u>		<u> </u>	
						
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The date of each amendment(s) adoption:		: C - al al al
date this document was signed.		, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirements, this 'State's records.	date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendme approval.	nt(s)
	e shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	ting group)	
(voi	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated	17.A	
(By a director, pres	ident or other officer - if directors or officers have not be	en
selected, by an inco appointed fiduciary	orporator if the hands of a receiver, trustee, or other corbs that fiduciary)	ourt
	DENIN NAIM	
	(Typed or printed name of person signing)	
	RA.	
	(Title of person signing)	