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(Re	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORID/

APPROYED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NILSEN VE	NTURES, INC		
DOCUMENT NUMB	_{ER:} P1400002019	4		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
	DOMINIQUE M. I	EROY		
-		Name of Contact Persor	1	
DOMINIQUE M. LEROY P.A.				
-		Firm/ Company		
	169 EAST FLAGI	LER STREET, S	SUITE 1428	
		Address	·	
	MIAMI FLORIDA	33131		
-		City/ State and Zip Code		
dml	pa99@aol.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
DOMINIQUE	M. LEROY	at (305	459-1128	
Name of Contact Person		at (305) 459-1128 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status 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

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

NILSEN VENTURES, IN	С				
(Documer	nt Number of Corporation (if l	(nown)		_	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adop	ots the following	ng amendment	(s) to
A. If amending name, enter the new na	ime of the corporation:			The new	
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporation		bbreviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		169 EAST FLAG			
		SUITE 1428		_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI FLORIDA	33131	_	
		169 EAST FLAGLER ST			
		SUITE 1428			
		MIAMI FLORIDA	33131	- 	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	of the	SECRE SECRE	<u> </u>
Name of New Registered Agent	N/A			-9 IARY ASSE	FILE
	(Florida stree	t address)		PH 2: OF ST	
New Registered Office Address:	(City)	, Florida	(Zip Code)	35 FATE ORIDA	I
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi		f the position.		
Si,	gnature of New Registered Ag	rent, 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NICK BONFIGLIO	169 EAST FLAGLER ST
Add			SUITE 1428
Remove			MIAMI FL 33131
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			***************************************
Remove			

	(Be specific)
I/A	
If an amandment monides for an avale	ones malassification on association of issued shows
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption: CHANGE OF ADDRESS date this document was signed.	, if other than the
Effective date if applicable: APRIL 1, 2014	
(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(s) was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and slaction was not required.	nareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehaction was not required.	older
Dated MAY 8, 2014	
21-17	
Signature	
(By a director, president or other officer – if directors or officers have	
selected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	ther court
appointed fiduciary by that fiduciary)	
NICK BONFIGLIO	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	