## 356576

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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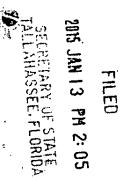
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ROVEL Sales, Inc. DOCUMENT NUMBER: 350570 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alberto Oiaz
(Name of Contact Person) Sales Inc.
(Firm/Company) 36 Street Miami, Florida 33142
(City/State and Zip Code) mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (780) 554-8410 (Area Code & Daytime Telephone Number) 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 Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to FILED.
Articles of Incorporation 2: 05
of 2015 JAN 13 FT1 2
KOVEL SOLES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE. FLORIDA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name.
Company in Co. may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Trincipal office matress integral BEASTREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: JOIGE DUENGS
3711 AVII) 316 Sheen-h
(Florida street address)
New Registered Office Address:
<u>Miami</u> Florida 33142
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signatury of New Registered Agent, if changing

Page 1 of 4

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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PT	Alberto Diaz	3711 NW 36 Stree Miami, FL 33142
Remove  2) Change	PT <u>VS</u>	Jorge Duenas	3711 NW 36 Stree
Add Remove 3 ) Change	<u>50</u>	Merceles Deland	Miami, FL 33142
AddRemove	<u> </u>	1.000	0 3711 NW 36 54 M:AM: FC 33142
4) Change Add	<u></u>		
Remove 5) Change			
Add			
6) Change Add			
Remove			

attach additional sheets, if necessary).	(Be specific)			
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M. S		-		

	e date of each amendment(s) adoption:	, if other than the
Eff	ective date <u>if applicable</u> :	
٠	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
×	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 12-/30/14	
	Signature *	
	(By the chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Torgs Durias (Typed or printed name of person signing)	
	persident	
	(Title of person signing)	