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COVER LETTER

TO: Amendment Section Division of Corporations	4	
NAME OF CORPORATION:	Gpan AUZYD,	P MINISMUT, INC.
DOCUMENT NUMBER: NO20000) 8301	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Prophers Felicia	Paramone	
The KNODON AGOVED	Name of Contact Person) M/WISMUS, /	h.c.
	(Firm/ Company)	
1280 NE 211TH STAR	er .	
-	(Address)	
MINNI, FL 33179		
. (City/ State and Zip Code)	
KINGDOM AGENOP MINISMU		
E-mail address: (to be used t	•	ification)
For further information concerning this matter, please c	_	
SYLVIA CIANC	at 9	54 101-9759
(Name of Contact Person)	(Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay-	able to the Florida Departn	nent of State:
\$35 Filing Fee	I\$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	Street Ad	
Amendment Section Division of Corporations		ent Section of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to
Articles of Incorporation

, A	rticles of Incorporatio	
The langon AGO	UP PINIST	147, 14700 20 AH 10: 10
(Name of Corporation as c	urrently filed with the	Florida Dept. of State)
NO200008	30(TALLEGRANDER
(Document	Number of Corporation	(if known)
resuant to the provisions of section 617.1006, Florida sendment(s) to its Articles of Incorporation: If amending name, enter the new name of the cor		ot For Profit Corporation adopts the following
me must be distinguishable and contain the word "co	rporation" or "incorpo	The new rated" or the abbreviation "Corp." or "Inc.
Company" or "Co." may not be used in the name.	•	•
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADD</u> R	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	-	
If amending the registered agent and/or registered	d office address in Flo	rida. enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:		
_		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
m Donistand A and Standard 18 1 1 2 2	4 4	-
w Registered Agent's Signature, if changing Regis ereby accept the appointment as registered agent. It		cent the obligations of the position
,	y announce of the second second	on Garrens of the bounds.
	Signature of New R	egistered 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DIRECTA	DEACHES HIZASITLE	MIAMI GARDENS, Te
Remove 2) Change	Director	Deser Stare Marshau	33056
Add Remove 3) Change	Division	Willow Jan SHAW	8400 NW 25# DE MIDMI, PL 33147
Add Remove		Thai	6050 SW 25HLST HC MIRDIAM, TZ 33023
4) Change Add			
Remove 5) Change			
Add Remove			
6) Change			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)		
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The date of each amendmen date this document was signed Effective date if applicable:		, if other than the
	his block does not meet the applicable statutory filing requirement he Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the oproval.	amendment(s)
Dated Signature (By the have to	members entitled to vote on the amendment(s). The amendment(directors.	er-if directors

(Title of person signing)