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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GEMAT	TRIA 888, INC	,
	BER: <u>NO6000</u>		
I he enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	TENAMON ME	, 1 Du 1	
	TENANDA MA	f Contact Person)	
	(Name of	Comact Person)	
	GEMATRIA 88	8, INC.	
	(Firm	n/ Company)	
	<u>Р.О. Вох 1729</u> (
	(Address)	
	MT. DORA FO	31756	
	(City/ Sta	te and Zip Code)	
	TENANDA 888 Q	COMPAST. NET	
	E-mail address: (to be use	ComeasT. NET ed for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
TENANDA	MADHI	at (35) 978	-3043
	of Contact Person)	at (35) 978- (Area Code & Day)	time Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	ent 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
		(Additional copy is enclosed)	Certified Copy (Additional Copy
Maili	ing Address	Street Address	is enclosed)
	idment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

SECRETARY OF AM 9:00 **Articles of Incorporation** GEMATRIA 888, INC. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET 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: TENANDA MADHI Name of New Registered Agent: 37130 C,R, 439 (Florida street address) New Registered Office Address: EUSTIS , Florida 32736 (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.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Ps</u>	OSHA HARAMA	1335 ELRAY BLI MT. DORA, FL. 3275	Add Remove
Ps	TENANDA MADHI	37/30 C.R. 439 EUSTIS, FL. 327.	Add Remove
D	VILAM BENAHIM	1006 LAKEVIEW EUSTIS, FL.31	DR. ☐ Add DR. ☐ Add Remove
	ing or adding additional Articles, e		
	ditional sheets, if necessary). (Be s		
ADDI	ng one person	AS A PIRECTOR	
\mathcal{D}	PURUSHA RAT	SHA 104 HILLSI	DE DR. 4
		EUSTIS, 1	FL. 32726
······			
•			

The date of each amendment(s)	adoption: 1//9//0
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were stors.
Dated	1/19/10
have i	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	THORAM CHARANDA
	(Typed or printed name of person signing)
	T
•	(Title of person signing)

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