N06000011715

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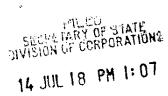
COVER LETTER

TO: Amendment Section
Division of Corporations

OUM WAY, ORIGINAL UNIVERSAL MATRIX, INC. N06000011715 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARC PIERRE-LOUIS (Name of Contact Person) OUM WAY ORIGINAL UNIVERSAL MATRIX, INC. (Firm/ Company) 3615 SW 52ND AVE APT A107 (Address) (City/ State and Zip Code) HOLLYWOOD, FLORIDA 33023 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARC PIERRE-LOUIS (Name of Contact Person) 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 (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



OUM WAY, ORIGINAL UNIVERSAL MATRIX, INC.

(Name of Corporation as current)		 	X, INC.	
N06000011715	y meu with the r	torida Dept. of State)		
	ment Number of	Corporation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate	006, Florida Statu		ofit Corporation adopt	s the followi
A. If amending name, enter the new na MARC G-P-L CREAT				The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ration" or "incorporated" or	r the abbreviation "Co.	rp." or "Inc.
B. Enter new principal office address, if applica		3615 SW 521	ND AVE	
(Principal office address MUST BE A ST	REET ADDRES	^{E)} APT A107		
		HOLLYWOO	D FL, 3302	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3615 SW 52I	ND AVE	
		APT A107		
	HOLLYWOO	D FL, 3302	23	
D. If amending the registered agent and new registered agent and/or the new			er the name of the	
Name of New Registered Agent:				
New Registered Office Address:		(Florida street address)	·	
	3615 SW 521	ND AVE APT A107	_, Florida 33023	· ·
	(City	v)		Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			obligations of the posit	ion.
	Signature of New	w Registered Agent, if change	ing	

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 V SV	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				<u> </u>
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
<i>(</i>)				
5) Change	····	-		,
Add				
Remove				
6) Change				
Add				
Remove				

(attach additional sheets, if necessary). (Be specific) ARTICLE III PURPOSE: To Fulfil The Mission Of Marc G-P-L Creatic							
ARTICLE IV MANNER OF ELECTION: DIRECTORS ARE CHOOSEN BY MARC PIERRE-LOUIS							

	date of each amendment(s) ado	ption:	, if other than the			
date this document was signed. Effective date if applicable:		14 JUL 18 PM 1:08				
EIR	ctive date <u>il applicable</u> .	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)				
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.				
	Dated 07-11-	2014				
	Signature					
	By the ehalfin have not been	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)				
	MARC PI	ERRE-LOUIS				
	,	Typed or printed name of person signing)				
	PVST					
		(Title of norson signing)				