Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

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Phone : (850) 521-1000

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEVE HAITI, INC.

Certificate of Status	0
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Page Count	04
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Articles of Amendment to Articles of Incorporation of

LEVE	HATTI, INC.		
(Name of Corporation as current	tly filed with the Florida De	pi, of State)	
N100	000002475		
(Document Number	er of Corporation (if known)	***************************************	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florid	a Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the	he corporation:		
•		The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Carp," "Inc," of	"Co". A professional corporation	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.	able: ADDRESS)		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		
D. If amending the registered agent and/or reg new registered agent and/or the new register	ristered office address in Pla cred office uddress:	rids, enter the same of the	
Name of New Ragistered Agant:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
New Registered Office Address:	(Florida street addre	(re)	
		Florida	
11111	(Clty)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby except the appointment as registered age	Registered Agent: ent. I am familiar with and a	cospt the abligations of the position.	
	nature of New Registered Age	ent, if changing	15

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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)

Title	Name	Address	Type of Action			
DIR	SCHEVENS JEAN FLEURY	LEOGANE FLON 382 LEOGANE HAITI	⊠ Add			
***************************************			O Add O Remove			
,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			r			
E. If amending (attach addition	g or adding additional Articles, enter e ficinal sheets, if nevessary). (Be specifi	hanse(s) bere;				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA)						

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The date of each smeadment	les adontios	5/14/2010							
. •	(com: 0)			tion is required)					
Effective date if applicable:	(no more than	(no more than 90 days after amendment file date)							
Adoption of Amendment(s)	(CHECK ONE)								
The amendment(s) was/we by the sharsholders was/we			The	númber of	votes cast fo	r the ame	endment(s)		
The amendment(s) was/we must be separately provide	re approved by the day the same of the sam	he sharaholdei g group entitle	s thro d to vo	ugh voting Me separat	groups. The ely on the con	fallowin tendmen	ig statemen ((s):		
"The number of votos	east for the amer	náment(s) was	/were	sufficient f	or approval	•			
ъу	********	·		**					
	(voting group)								
The amendment(s) was/we action was not required. The amendment(s) was/we									
action was not required.	re godinea où m	a moorparatore	******	ou suervano	ndor averous a	ila silate	, ionaci		
Dated	5-14	1-20	10						
Signature				~,	2 200000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000				
(By sele	e director, presi ected, by an inco pointed fiduciary	rporator – if in	the h	- if directo ands of a re	ns or officer occiver, trust	s have no ee, or oth	nt been her court		
•		ohn B							
	(T)	ped or printed	name	of person	(gaingia		•		
		rector							
	(Title (of person signi	ng)						