# N10000005811

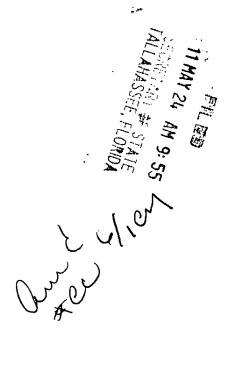
, (Re	equestor's Name)	
(Ac	idress)	<del></del>
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: EARTH N' US	S, INC.			
DOCUMENT NUM	BER: N0000005811				
The enclosed Articles	of Amendment and fee are sub	omitted fo	r filing.		
Please return all corre	spondence concerning this mat	ter to the	following	;	
	RAY A. CHA	SSER, I	DIRECT	OR	
	(Name of	f Contact 1	Person)		
	EART	H N' US	, INC		
	(Firm	n/ Compar	ıy) .		
	7630 N	IE 1 AVE	NUE		• •
<del></del>	(.	Address)			
	LITTLE RIVE	R FLOR	RIDA 33	138	
	(City/ Sta			100	
<del>-</del>	barryper	l@como	ast.net		·
	E-mail address: (to be use	ed for futu	re annual	report notificat	ion)
For further information	n concerning this matter, pleas	e call:			
BARRY L PERL (	CPA	at (	305	751-0377	
(Name	of Contact Person)	*** (		Code & Daytime	e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Florid	da Department o	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filir fied Copy itional co osed)	, _	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 assee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporation Building xecutive Center (	S

Tallahassee, FL 32301

#### **Articles of Amendment Articles of Incorporation** of

### EARTH N' US, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N10000005811 (Document Number of Corporation (if known)

	corporation:	
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and cor abbreviation "Corp." or "Inc." "Company" or		
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		μ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.	<u></u>	11 MAY 24 AM 9 SEC AMAN SEE, FLO
D. If amending the registered agent and/or re new registered agent and/or the new regist Name of New Registered Agent:		a, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	(Florida street address)	
		, Florida <i>(Zip Code)</i>
_	(City)	• • •

## 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>	Name	Address	Type of Action
<u>DIR</u>	ORA KARAT	337 TWENTIETH STREET #100 MIAMI BEACH, FLORIDA 33139	☑ Add ☐ Remove
DIR	THOMAS KEENE-WALL	7629 NORTHEAST 1st AVENUE MIAMI, FLORIDA 33138	☑ Add □ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
	ng or adding additional Articles, enter c tional sheets, if necessary). (Be specifi		•

The date of each amendmen	t(s) adoption: MAY 20, 2011
.  Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_MA` Signature_	Y 20, 2011
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	RAY A. CHASSER
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

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