NIAOOOOO7647

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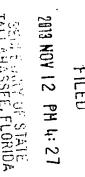


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18/13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Angels International Family Enterprises	Inc.			
DOCUMENT NUMBER: N1200007647				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Joyce Trimble (Name of Contact Person)				
Angels International Family Enterprises Inc				
2345 Grand Poplar St (Address)				
Ocoee, FC 34761 (City/ State and Zip Code)				
angels resort. Ceo Organical. Com 1E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joyce Trimble at (407) 233-8046 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Street Address				

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

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Articles of Incorporation of

Angle Introductional Family	Enterprises (-orporation 27	
(Name of Corporation as currently filed with the Florid	da Dept. of State)	201 POI CLT 1914: 27	1
N 1200000 7647		2013 KOV 12 PT STATE	
(Document Number of Corp	oration (if known)	TANTAHASSEE, FLORIU	j P.
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corp	portage adopts the following	
A. If amending name, enter the new name of the corporation	<u>n:</u>		
		The new	
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	n" or "incorporated" or the abb	reviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1600 33rd St	Bldg 114 Office (3
-	Delanda Fr	Bldg 114 Office (32839	
-	OPIANO IC	12131	
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			
·			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		une of the	
			
Name of New Registered Agent:		_	
<u></u>		_	
New Registered Office Address:	lorida street address)		
	T1	3 _	
(City)	, Floric	13(Zip Code)	
•	4 .		
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	gent: Lar with and accept the obligation	ons of the position.	
		-	
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 <math>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.

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Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y <u>Smith</u>		FILING CANCELLED RETURNED CHECK
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	Delphine F	Illen-Jackson	n 2211 South Telegraph Rd
X Add				Ste 7042
Remove				Bloomfield Hills MI 48302
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change			 	
Add				
Remove				

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Ľ.	If smending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	RETURNED CHECK	
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_	and the second s		144-7	

The date of each amendment(s) adeption date this document was signed. Effective date if applicable:	n: 11 7 13 7 13 (no more than 90 days after amendment file o	, if other than the			
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast	for the amendment(s)			
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
0.	d 4 m	FILING CANCELLEI			
Dated J.W.	7, 2013	RETURNED CHECK			
Signature	Trimble				
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or					
other court appointed fiduciary by that fiduciary)					
Joyce Trimble					
(Typed or printed name of person signing)					
President					
(Title of person signing)					