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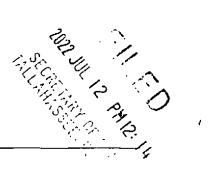
COVER LETTER

TO: Amendment Section Division of Corporations

| : BEACH PRESENTIA ALLIAME, 1 | NC |
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| are submitted for filing. | |
| nis matter to the following: | |
| | |
| (Name of Contact Person) | |
| (Name of Contact Person) | |
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| (Firm/ Company) | |
| Lucian Ruga De E | |
| (Address) | |
| Beach FL 32963 | |
| (City/ State and Zip Code) | |
| L Marci L @ gmail. CCM be used for future annual report notification) | |
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| | |
| at 772 4739262 | |
| Person) (Area Code) (Daytime Telephone Number) |) |
| made payable to the Florida Department of State: | |
| Fee & S43.75 Filing Fee & S52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed) | |
| Street Address | |
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| 2415 N. Monroe Street, Suite 810 | |
| | are submitted for filing. Assist matter to the following: C MARCIL (Name of Contact Person) (Firm/ Company) LEDIAN RUGR DE (Address) B cach FL 329L3 (City/ State and Zip Code) Ledian Ledian Company Ledian Ledian Company person) at 772 473 92L7 Person) at 772 473 92L7 Person) (Area Code) (Daytime Telephone Number made payable to the Florida Department of State: Fee & Status Certified Copy (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations The Centre of Tallahassee |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



| (Name of Corporation as currently filed with the Flo | | INC |
|--|--------------------------------------|--|
| N22006004057 | | |
| N 2200 6 00 4 0 5 7 (Document | Number of Corporation (if k | nown) |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not Fo</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the cor | poration: | |
| | | The new |
| name must be distinguishable and contain the word "co." "Company" or "Co." may not be used in the name. | rporation" or "incorporated | l" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI | PFSC) | |
| (Trincipal Aggree and ess State District Distric | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | ·) | |
| | | |
| | | |
| D. If amending the registered agent and/or registere | | enter the name of the |
| new registered agent and/or the new registered o | ffice address: | |
| Name of New Registered Agent: | | |
| _ | 1137 | orida street address) |
| New Registered Office Address: | 11 • | or has so certain easy |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | | the obligations of the position. |
| | | |
| | Signature of New Registo | ered 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 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 A Add | | Doe Jones Smith | |
|--|---|---|---|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| l) X Change Add | Pr | Karen Marcil | 3627 INDIAN RIVER DE VERO BEECK FL32963 |
| Remove 2) X Change Add | | FLORGILE Roberts | 607 HILLBORN AVE SWATHMORE PA 19081 |
| Remove Change Add Remove | <u> </u> | LESLIC TILLEY | 3628 Rio Vista BLVD Vero Beach, FC 32963 |
| 4) Change Add | _5_ | LESLIE TILLEY | 3628 RIOVISTA BLVD VCVO Brack FL 32963 |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| E. If amending or add (attach additional shi | ing additional A eets. if necessary) | rticles, enter change(s) here: . (Be specific) | |
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| The date of each amendment(s) adoption:late this document was signed. | , if other than the |
| Effective date <u>if applicable</u> : | |
| Effective date <u>if applicable</u> : (no more than 90 days after amendment) | ile date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing focument's effective date on the Department of State's records | requirements, this date will not be listed as the |

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| -! | adopted by the board of directors. |
|----|--|
| | Dated |
| | Signature |
| | (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) |
| | Karen Marci |
| | (Typed or printed name of person signing) |
| | Secretury |
| | (Title of person signing) |