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SECRETAL CENTROLATIONS
NVISION OF CENTROLATIONS
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JIM S. J. JULE JUN S. J. JULE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORA	ATION:	A & L (1995) INC				
DOCUMENT NUMBE	P 000	000016149				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
		LESHNIE HETTIGODAC	GE .			
_	Name of Contact Person					
	A & L (1995) U.S.A INC					
Firm/ Company						
	4521 S.ORANGE BLOSSOM TRAIL					
Address						
	KISSIMMEE FL 34746					
-		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (to be us	sed for future annual report	notification)			
	concerning this matter, pleas					
LESHNIE HETTIGODAGE		at (_)			
Name of Contact Person		Area Coo	de & Daytime Telephone Number			
Enclosed is a check for t	the following amount made	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
	dment Section on of Corporations		ment Section n of Corporations			
DIVISI	on or Corporations	DIVISIO	п от Согрогаціоня			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

My 20 AM S. 19

Articles of Amendment to Articles of Incorporation

A & L (1995) U.S.A INC

(Name of Con	poration as currently	filed with the Florida Dept	of State)
	P 00000016149			
((Document Number of	Corporation (if known)		
ursuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this F	Torida Profit Corporation ad	opts the f	ollowing amendment(
If amending name, enter the new name of	f the corporation;			
N/A				The new
ame must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "C	co". A professional corpora		r the abbreviation
		N/A		
 Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u> 				
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		N/A		
If amending the registered agent and/or new registered agent and/or the new regi		ess in Florida, enter the nam	e of the	
Name of New Registered Agent	LESHNIE HET	TIGODAGE		
<u> </u>	4521 S.ORAN	IGE BLOSSOM TRAIL		
,	(Florida stree	et address)		
New Projectored Office Address:	KISSIM	MEE	Florida	34746
New Registered Office Address:	(City)	riorida_	(Zip Code)
ew Registered Agent's Signature, if changi hereby accept the appointment as registered to		ith and accept the obligations	s of the po	osition.
	1. Arman	<u>.</u>		
	Ci. Ci.	gistered Agent if changing		<u></u>

70 170 P

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	ANANDA KOGGALA	4521 S.ORANGE BLOSSOM TR
Add			KISSIMMEE FL 34746
X Remove			
2) Change	P	LESHNIE HETTIGODAGE	4521 S.ORANGE BLOSSOM TR
X Add			KISSIMMEE FL 34746
Remove			<u></u>
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
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	<u> </u>
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: N/A
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	06/15/2016	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dataset artment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(street for approval.	s)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	er
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	6/16/2016	
Signature	LiAriywena:	
(By a di	rector, president or other officer - if directors or officers have not been	
	, by an incorporator - if in the hands of a receiver, trustee, or other cour	1
appointe	ed fiduciary by that fiduciary)	
	LESHNIE HETTIGODAGE	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	