010009

(Requestor's Name)	
(Address)	300138499293
(Address)	,
(City/State/Zip/Phone #)	12/10/0801025024 **43.
(Business Entity Name)	
(Document Number)	
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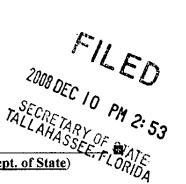
**43.7S

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CC</u>	AFRICA, INC.
DOCUMENT NUMBER: P0100	0010974
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
	SUSANA CARRILLO (Name of Contact Person)
-	CC AFRICA INC (Firm/ Company)
·	909 SW 122 AVENUE
	(Address)
	MIAMI, FL 33184 (City/ State and Zip Code)
For further information concerning this	
STACY SAND, CPA	at (305) 861-6653
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	mount made payable to the Florida Department of State:
▼\$35 Filing Fee ✓ \$43.75 Filing Fee Certificate of Sta	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CC AFRICA, INC.

(Name of Corn	oration as curren	tly filed with	the Florida	Dent. of State
Traine or Corp	VI ALIVII AS CULTOII	ur mucu mun	i tiit i ivi iua	DUDG OF BLACK

<u>)I (0</u>	rporation	as currently	mea with	tne Fiorida	Dept. of	State)	•
	•						
		P01000	010974				41
	(Docum	nent Number			n)		

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. It amending name, enter the new name of t	the corporation:	
AND BEYOND, INC.		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," ""Co". A professional corporation name association," or the abbreviation "P.A."	'Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
D. If amending the registered agent and/or re new registered agent and/or the new regist		iter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_	(Cia)	, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

Title Name Address Type of Act

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SECTY	SUSANA CARRILLO	1101 SW 122 AVE 105 MIAMI, FL 33184	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
provisi		ge, reclassification, or cancellation o ent if not contained in the amendme	

			, <u>, , , , , , , , , , , , , , , , , , </u>

The date of each amendmen	t(s) adoption: 11/27/2008
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemed and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	57
· ———	(voting group)
action was not required. The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sel	
	(Typed or printed name of person signing)
	(Typed or printe d name of person signing)
	Din
	(Title of person signing)