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SECRETARY OF STATE
TALLAHASSEE, FI ORIO

N/C TB 5/26/09

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Parolina Fibers, Inc.
DOCUMENT NUMBER:	701000021421
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
H. 1	Willian Larson, Jr Esq. Name of Contact Person
LA	eson + Garson, P.A. Firm/Company
///	99 69H Street N Address
	Arg 0, FL 33773 City/ State and Zip Code 25 on b @ Hampabay. Tr. com to be used for future annual report notification)
For further information concerning this 13. William GRSS Name of Contact Person	matter, please call: On at (727) 546-0660 Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	
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 FILED 2009 MAY 19 PM 4: 19 ťΩ Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of Sta (Document Number of Corporation (if known) 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. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>

Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	address)
_		, 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** Address Type of Action **Name** ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

The date of each amendment(s) adoption:	:
Effective date <u>if applicable</u> :	4.30.09
(no more the	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval
by(voting grou	<i>up)</i> ."
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated5.15	5.09
Alfred Vince	elli, Director
BU	mell's irector
Barbara Vine	celli, Director