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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Atlantic Ventures Group, Inc.		
DOCUMENT NUMBER:		P01000065838		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning thi	is matter to the following:		
	4	Pierre-Mary Martin		
	N	ame of Contact Person		
		Firm/ Company		
	830	62 Pines Blvd #151		
		Address		
		oroke Pines FL 33024 http://State and Zip Code		
	pamn E-mail address: (to be use	et99@msn.com d for future annual report notification)	 	
For further inform	ation concerning this matter,	please call:		
Pi	erre-Mary Martin	at (954) 2	51 3690	
Name	of Contact Person	Area Code & Daytime Tel	lephone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Atlantic \	Ventures Gro	oup, Inc.		8 9 S
(Name of Corporation as cu			ot, of State)	網口
Р	0100006583	8		- 55 TO
	Number of Corpor			SHO
resuant to the provisions of section 607.1 nendment(s) to its Articles of Incorporation		tutes, this <i>Florida</i>	a Profit Corporati	on adopts the f
If amending name, enter the new nam	e of the corporat	<u>ion:</u>		7 (**
				The no
breviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered," " Enter new principal office address, if a rincipal office address MUST BE A STR Enter new mailing address, if applica (Mailing address MAY BE A POST OF	professional associant ass	ciation," or the a	bbreviation "P.A."	
		PEMBROKE	E PINES FL 330	24 US
If amending the registered agent and/onew registered agent and/or the new r			rida, enter the na	me of the
Name of New Registered Agent:		•		
	8362 Pines	Blvd #151	٠	
New Registered Office Address:	(Florida street address) PEMBROKE PINES		ss)	
			, Florida	33024
	(Cit		(Zip Code)	00021
	(Cit	4.1	(Zin Code)	
ew Registered Agent's Signature, if cha			(Zip Code)	

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Marie C Rosemond	13370A SW 90TH TERR. MIAMI FL 33186	☐ Add ☐ Remove
reder, P Gove			Add Remove
			Add Remove
	ng or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provision	ndment provides for an exchange, reclassion in the smendment if napplicable, indicate N/A)		
	•		.'

	10-4-09
The date of each amendment	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder acted by the incorporators without shareholder action and shareholder
action was not required.	
Signature	ober 04, 2009
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Pierre-Mary Martin
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)