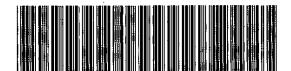
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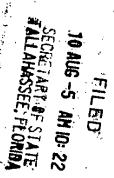
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations Brandash. Incorporatec NAME OF CORPORATION: P01006081000 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fec & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

#### **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

Brandush,	Incorporated
(Name of Corporation as currently	
P0100009	31000
/m	

A. If amending name, enter the new name of the corporation:	
	The nex
name must be distinguishable and contain the word "corporation," abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. name must contain the word "chartered," "professional association," or	c," or "Co". A professional corporation
B. Enter new principal office address, if applicable;	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address if applicable.	Service of the servic
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	ق ي ق
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D: If amending the registered agent and/or registered office address i	in Florida, enter the name of the
new registered agent and/or the new registered office address:	
. Name of New Registered Agent:	
New Registered Office Address: (Florida street d	and divine 1
New Registered Office Address: (Florida Street C	uaaress)-
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
	and appear the obligations of the norther
I hereby accept the appointment as registered agent. I am familiar with a	una accept the obtigations of the position.
I hereby accept the appointment as registered agent. I am familiar with a	ina accept the obtigations of the position.

## 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	<u>Name</u>		Address	Type of Action
D	Shawn	Fogel	17 Burning Tree BOLD Raton FL 33	Add Remove
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provisions	ndment provides for implementi applicable, indica	ng the amendment i	classification, or cancellation of not contained in the amendment	ent Itself:
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The date of each amendment(s) adoption	8/1/2010
	(date of adoption is required)
Effective date if applicable:	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	the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statemen ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	
(voting grou	(p)
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 8 3 1	en intological
Signature	esident or other officer – if directors or officers have not been
selected, by an ir	accorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	Eduardo Fogel
	(Typed or printed name of person signing)
	President
(Tit	le of person signing)