

PO2000035570

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 21 2013  
COLEMEUX  
*[Signature]*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ULTIMATE IMAGES & DESIGNS, INC.

DOCUMENT NUMBER: P02000035570

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALI KALDIRIMOGLU

Name of Contact Person

ULTIMATE IMAGES & DESIGNS, INC.

Firm/ Company

1211-A N. SURF ROAD

Address

HOLLYWOOD FL 33019

City/ State and Zip Code

SHABNAMAUMAR@JUNO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALI KALDIRIMOGLU

Name of Contact Person

at ( 954 ) 922-4800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

ULTIMATE IMAGES & DESIGNS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000035570

(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:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the 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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. 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:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office 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)*

*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.*

**Example:**

X Change                      PT              John Doe

X Remove                      V              Mike Jones

X Add                              SV              Sally Smith

| Type of Action<br>(Check One)              | Title    | Name                       | Address                       |
|--------------------------------------------|----------|----------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change         | <u>T</u> | <u>KALDIRIMOGLU, SEVIL</u> | <u>1211-A NORTH SURF RD</u>   |
| <input type="checkbox"/> Add               |          |                            | <u>HOLLYWOOD, FL 33019</u>    |
| <input checked="" type="checkbox"/> Remove |          |                            |                               |
| 2) <input type="checkbox"/> Change         | <u>T</u> | <u>KALDIRIMOGLU, ALI</u>   | <u>1211-A NORTH SURF ROAD</u> |
| <input checked="" type="checkbox"/> Add    |          |                            | <u>HOLLYWOOD, FL 33019</u>    |
| <input type="checkbox"/> Remove            |          |                            |                               |
| 3) <input type="checkbox"/> Change         |          |                            |                               |
| <input type="checkbox"/> Add               |          |                            |                               |
| <input type="checkbox"/> Remove            |          |                            |                               |
| 4) <input type="checkbox"/> Change         |          |                            |                               |
| <input type="checkbox"/> Add               |          |                            |                               |
| <input type="checkbox"/> Remove            |          |                            |                               |
| 5) <input type="checkbox"/> Change         |          |                            |                               |
| <input type="checkbox"/> Add               |          |                            |                               |
| <input type="checkbox"/> Remove            |          |                            |                               |
| 6) <input type="checkbox"/> Change         |          |                            |                               |
| <input type="checkbox"/> Add               |          |                            |                               |
| <input type="checkbox"/> Remove            |          |                            |                               |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 3/12/13

Effective date if applicable: 3/12/13  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 3/13/13

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALI KALDIRIMOGLU

(Typed or printed name of person signing)

TREASURER

(Title of person signing)