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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CINIVERSAL D Incorposated DOCUMENT NUMBER: D 030000 60 737
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chong H. Kim
Name of Contact Person
Name of Contact Person Name of Contact Person In Cosposafed Firm/ Company
Firm/ Company
8356 Via Bella Notte
Or lando FCos Na 32836 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chong H. Lim at (40) 383 - 3/32 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Dept. of State)

Chiver Sal D (Name of Corporation	Inco	20080	ted	16 1/2 / C
				14
D 03000080	ent Number of Co	ornoration (if known		
		•		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corpora	tion adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the cor	rporation:			
				The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A p	ipany." or "incorpoi rofessional corpora	rated" or the abbre ition name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(KESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>) -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	red office addres office address:	s in Florida, enter t	the name of the	
Name of New Registered Agent	-			
<u></u>	, Cl. : I			
	(Florida street	aaaress)		
New Registered Office Address:	(C)	ity)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	istered Agent:		igations of the posi	
Signa	iture of New Regi	istered Agent, if ch <mark>a</mark>	nging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address 8356 Via Bella Notte
1) X Change	<u> </u>	Diana p. penfilla Chong 4. xim Diana p. penfilla	Orlando IC 32836 8356 Via Bella Notte
× Add	S	Chong 4. Kim	extends IL 32836 B356 via Bella Notte
X Remove	S	Diana p. penfilla	orlando IC 32836
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
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	eets, if necessary).	(Be specific)	e(s) here:		
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The date of each amendment(s) and date this document was signed.	doption: No dembor 25 th , 2002. if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
selected	rector/president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)