

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 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 Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

A	rticles of Inco	rporation		
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<u>Rameleon</u> Enterp	ucises	JNC.		72
(Name of Corporation as currently file			記得	⊑
7.04000	1024	5	L.Z.	1
(Document Number of C	Corporation (if	known)	No.	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation: A. If amending name, enter the new name of the corporation.		lorida Profit Corporation ad	lopts the following	amendinen
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the above	"Inc," or "C	o". A professional corpora	rated" or the abb	
B. Enter new principal office address, if applicable:			/	
(Principal office address MUST BE A STREET ADDR	RESS)	///	Λ	
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	d office addre	ss in Florida, enter the nam	ne of the	
new registered agent and/or the new registered of		1		
Nama of Nav Pacietanad Agant	Λ	/ / A		
Name of New Registered Agent		/ ' \		
	·	(
	(Florida stree	t address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I described the second		th and accent the ablication	. nf tha ma-24!	
i nerevy accept the appointment as registered agent. 10	um jamınar wi	in unu accepi ine obligations	s of the position.	
-				
Signature of New	Registered Ag	ent, 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	<u>/ Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	Ω	Jenechia Smith	P.O Box 172853 Hialeah FL, 33017
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
	N/A
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
•	
v	
,	
· .	

The date of each amendment(s) adoption:
Effective date if applicable: (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"
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 was not required.
Dated 6/4/2012
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)
Francois Aristhomene
(Typed or printed name of person signing)
President.
(Title of person signing)