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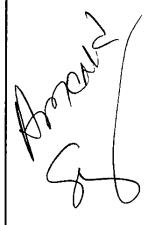
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:SIAPER	M INVESTMENTS, INC
DOCUMENT NUMBER: P0 40000 5	6263
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Antony Name of Conta Scapern	Investments, Inc
Firm/Con $\frac{4701 \leq w + 45}{Addres}$ Address	Street, B6 Bay 21
Davie, Ft. City/State and	٨
E-mail address: (to be used for vuture a	factor Committee injust report notification)
For further information concerning this matter, please call Name of Gontact Person at (786) 290 – 6975 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
Certificate of Status Cert	75 Filing Fee & S52.50 Filing Fee cified Copy Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Amen Division of Corporations Divisi P.O. Box 6327 Clifto Tallahassee, FL 32314 2661	t Address dment Section on of Corporations n Building Executive Center Circle passee, FL 32301

Articles of Amendment Articles of Incorporation of

	Articles of An	endment		F1	
•	to Articles of Inco	rporation		MELAHASSEE ST	<u> </u>
	_ ^of	0		I SEC SEC 23	· .
Slaperm	Twestone	nt.	Tnc.	ALLAND AN	6
(Name of Corporation as cur	rently filed with t	he Florida Dep	t. of State)	ASSE CONT.	<i>O:</i> /
P040	000562	63		103	Ċ
(Document Nu	umber of Corporation	on (if known)		7,	A
suant to the provisions of section 607.10 endment(s) to its Articles of Incorporation:		es, this <i>Florida</i>	Profit Corporation	on adopts the following	g
If amending name, enter the new name	of the corporation	<u>:</u>			
NA				The new	
ne must be distinguishable and contain reviation "Corp.," "Inc.," or Co.," or th ne must contain the word "chartered," "pi	he designation "Co	orp," "Inc," or	"Co". A profess.	ional corporation	
Enter new principal office address, if applicable:			, /		
Enter new principal office address, if ar	oplicable:		/ A		
			<u> </u>		
ncipal office address <u>MUST BE A STRE</u> Enter new mailing address, if applicable	<u>ET ADDRESS</u>) le:		/A		
Enter new principal office address, if an incipal office address MUST BE A STRE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>ET ADDRESS</u>) le:		/A		
incipal office address <u>MUST BE A STRE</u> Enter new mailing address, if applicabl	Le: FICE BOX		ida, enter the nar	ne of the	
incipal office address <u>MUST BE A STRE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF</u>) If amending the registered agent and/or	Le: FICE BOX		ida, enter the nar	ne of the	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX	N A		ne of the	
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ncipal office address MUST BE A STRE Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX registered office add	N A	 s) , Florida		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX	N A	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)

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>O</u>	MILDRED P	BROOKLIN	1209 Missisipi Ave Clewiston, At 3344	Add Remove
	-			_ □ Add _ □ Remove
		<u>_</u>		Add Remove
	ding or adding additional Additional Sheets, if necessary))	
<u>provisi</u>			sification, or cancellation of iss t contained in the amendment	
	/ A			
	· · · · · · · · · · · · · · · · · · ·			

. The date of each amendment(s) ad	
Effective date if applicable.	(date of adoption is required)
Effective date if applicable: (no)	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
The amendment(s) was/were app must be separately provided for a	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 fo	or the amendment(s) was/were sufficient for approval
by	ng group)
(votir	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	2/10/10
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Anthony Peters
	(Typed or printed name of person signing)
	(Title of person signing)