## P04000068180

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800047845778

D5 MAR 14 AM 9: 06

03/14/05--01026--019 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: DishPronto, Inc.	G.	<del></del>	
DOCUMENT N	UMBER: P04000068180		·	<b>.</b> –
The enclosed Arti	icles of Amendment and fee a	are submitted for filing.	·	
Please return all c	orrespondence concerning th	is matter to the following:	÷	
Mik	e Trimarco	un e		
<u></u>	(Name	of Contact Person)		
<del></del>	(Fi	rm/ Company)	-	
5 Gı	ull Drive			
		(Address)		
Hau	ppauge, NY 11788			
	(City/ St	tate/ and Zip Code)	,	
For further inform	ation concerning this matter,	please call:		
Mike Trimarco		at ( 516 ) 848-	3388	-
(Nam	e of Contact Person)		ytime Telephone Number)	ē
Enclosed is a chec	k for the following amount:		•	
☑ \$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)	
Am Div	nendment Section vision of Corporations	Street Addre Amendment S Division of Co	ection orporations	

Tallahassee, FL 32399

## Articles of Amendment to

to Articles of Amendment	
Articles of Incorporation	TI
of Section 2	***************************************
DishPronto, Inc.	) []
(Name of corporation as currently filed with the Florida Dept. of State)	-
FLO	) "mark"
P04000068180	<u>بر</u>
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	
ARTICLE II	
The malling address of the comparation in	
The mailing address of the corporation is:	=. "
2928 41st Avenue Suite 906, Long Island City, NY 11101 - AMEND	ا محسان تریشها جستان
The amended mailing address is:	
350 5th Avenue Floor 64, Manhattan, NY 10018	
555 Strivenius i 1601 64, Mannattan, 147 16010	
	· _ <del> </del>
	· - ' <u>E</u>
the state of the s	
(Attach additional pages if necessary)	
If an amendment provides for 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)	
ior impromonting the antendment it not contained in the amendment users. (If not applicable, indicate N/A)	
N/A	

(continued)

The date	of each amendment	(s) adoption: 3/14/05
Effective	date if <u>applicable</u> :	N/A
		(no more than 90 days after amendment file date)
Adoption	of Amendment(s)	(CHECK ONE)
Ø	• • •	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
		was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
	"The number of	votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
	The amendment(s) and shareholder acti	vas/were adopted by the board of directors without shareholder action on was not required.
	The amendment(s) v shareholder action v	vas/were adopted by the incorporators without shareholder action and vas not required.
Signed this	; <u>10</u> day of <u>M</u>	March 2005
	// selecte	rector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Mike	Frimarco
		(Typed or printed name of person signing)
	Presid	ent
		(Title of person signing)

FILING FEE: \$35