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#### **COVER LETTER**

**T.O:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: COEDTOS & GEOTGE CONTIES, IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meliosa Ceorge  Name of Contact Person
Firm/ Company
16851 NE 18th AVE # 306
North Miami Beach, FL 33162 City/ State and Zip Code
E-mail address: (to be used for future annual report nothication)
For further information concerning this matter, please call:
MELISSA GEOUSE at (305) 610-3362  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:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

#### **Articles of Amendment**

to

### Articles of Incorporation

	of			
CEORGE &	GEORGE	COUTURES, I	rc.	
(Name of Corporation as curren	CO CO CO CO	za Dept. of State) ≤ 🗸		
PO4000	00 72 53	2,2		
(Document Numb	er of Corporation (if known	own)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation a	dopts the follow	ing
A. If amending name, enter the new name of the Random Stakename must be distinguishable and contain the	Conture	E, Co.	The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp," "In	c," or "Co". A professiona		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)			_	
		·سیر	— <b>Ze</b> -	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	<u> </u>		A.
				Cif
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name o	f the w	
Name of New Registered Agent:	<u>.</u>			
New Registered Office Address:	(Florida street d	address)		
_	***************************************	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing	Registered Agent:		•	
I hereby accept the appointment as registered age	ent. I am familiar with a	and accept the obligations of t	the position.	
Sign	nature of New Registere	d 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
(attach addi	ng or adding additional Articles, itional sheets, if necessary). (Be	enter change(s) here: specific)	
provisions	ndment provides for an exchang s for implementing the amendme applicable, indicate N/A)	e, reclassification, or cancellant if not contained in the am	ation of issued shares, endment itself:

The date of each amendment(s)	
Effective date if applicables	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	
(V	oting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
DatedSignature	4/15/11 Melissa Heorge
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
-	Melissa George
	(Typed or printed name of person signing)
	PD
	(Title of person signing)