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(Reque	stor's Name)	
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DIVISION FAR OF STATEN

COVER LETTER

TO: Amendment Section Division of Corporation	18	•	*	•,
NAME OF CORPORATION	ON: I 6K	DESIGN	GROUP	(NC
DOCUMENT NUMBER:	P04000 13	5393		
The enclosed Articles of Am	nendment and fee are	submitted for filing	g.	
Please return all corresponde	ence concerning this n	natter to the follow	ving:	
	GREG			
	Nam	e of Contact Person		
			,	
	I	Firm/ Company		
	5722 5	. FLAMA	100 PC	x # 132
***************************************		Address		
	COOPER (City/	CITY, fo	3333	30
info E-n	City/ City/ Q / Q K de	State and Lip Code Sign GRO or future annual report	otification)	M
For further information cond	cerning this matter, ple	ease call:		
GREG KOH	- N	_at (954_)		
Name of Contact	Person	Area Code	& Daytime Teleph	hone Number
Englosed is a check for the f	ollowing amount mad	le payable to the FI	lorida Departm	ent of State:
	75 Filing Fee & tificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	

Articles of Amendment

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	The ne
abbreviation "Corp.," "Inc.," or Co.," or	ain the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if (Principal office address MUST BE A STI	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of	
D. If amending the registered agent and/ new registered agent and/or the new i	or registered office address in Florida, enter the name of the registered office address:
new registered agent and/or the new	
new registered agent and/or the new in Name of New Registered Agent:	registered office address:
new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if cha	(Florida street address) (Florida street address) , Florida (City) (Zip Code)

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>	Name	<u>Address</u>	Type of Action
<u>Y</u>	SERBE BELL	5805 SW 219 ST	Add Remove
0	GREG KOHN	' 1	- · ·
<u> </u>	1514=15 KOLTN	DAME FL 33328	Add □ Remove
	·		
	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
provisio	nendment provides for an exchange, roons for implementing the amendment not applicable, indicate N/A)		
(3)	,	and second 1977 when we want	and the second s
	<u> </u>		

The date of each amendment(s)	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or 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	"
(vo	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	12/2/89
Signature	SINEV
(By a d selected	lirector, 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)
	SERGE BECR
_	(Typed or printed name of person signing)
_	PRESIDENT (Title of person signing)
	CLUE OF DETSON STORING F