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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | lavovative FA | corre Sown | ions, Incorp | PORATED |
|--|--------------------------|---|----------------------|--|
| DOCUMENT NUMBER: | PO 4000 130 | 101 | | |
| The enclosed Articles of Amenda | nent and fee are sul | omitted for filing. | | |
| Please return all correspondence | concerning this mat | ter to the followin | g: | |
| | Warm Lon | 970 | | |
| <u> </u> | (Name of Con | · | | |
| lan | WHITH FALLER | r Sovernows, | INVORPORATE | Ø |
| | (Firm/ Co | mpany) | | |
| 2 | P.O. BOX & | 324063 | | |
| | (Addr | ess) | | _ |
| Penz | RADKE PINES, | FORIDA | 3 <i>308</i> 2 | |
| | (City/ State an | d Zip Code) | | _ |
| For further information concerning | ig this matter, pleas | e call: | | |
| Wissan LODATO | | at (305) | 308 6008 | |
| (Name of Contact Perso | | (Area Code & | Daytime Telephone | Number) |
| Enclosed is a check for the follow | | £ , | | |
| \$35 Filing Fee \$43.75 Fil Certificate | ing Fee & e of Status | \$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Cer s Cer (Ac | .50 Filing Fee tificate of Status nified Copy iditional Copy enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive Corpo Tallahassee, FL 33 | rations enter Circle | |

Articles of Amendment to Articles of Incorporation of | Numerative Factor Sources, Incorporation | | (Name of corporation as currently filed with the Florida Dept. of State) | Possible 401 | | (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: | 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. PRINCIPAL OFFICE

977 SW 159 TH WAY

FENBROSE FINES, FLORIDA 33027

ARTICLE II. NUMBERS AND/OR DIRECTORS

LUZ A. MAISS-LOBATO - PRESIDENT
397 SW 1597H WAY

FENBROKE FINES, FLORIDA 33027

ARTICLE II. RESISTERED RESET

WILLIAM LOBATO

977 SW 1597H WAY

PENBROXE PINES, FLORIDA 33027

(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)

(continued)

| ARTICE VII | INCORPORATOR |
|------------|--------------------------|
| | William LORATO |
| | 977 5N 15974 WAY |
| | PEMBROKE PINES, FLORIDA. |
| | |
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| | |

| The date of each amendment(s) adoption: 09/15/06 |
|--|
| |
| Effective date if applicable: (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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 |
| (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 and shareholder action was not required. |
| 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) William Lobato (Typed or printed name of person signing) |
| (Title of person signing) |

FILING FEE: \$35