P05000129911

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(Address)				
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COVER LETTER

•TO: Amendment Section Division of Corporations

NAME OF CORPO	CORPORATION: FADE MASTERS II INC							
DOCUMENT NUM	BER:P05000129911							
The enclosed Article	es of Amendment and fee a	are submitted for filing.						
Please return all cor	respondence concerning the	is matter to the following:						
_		ONSO A ANGULO						
	N	lame of Contact Person						
_	DE MASTERS II INC							
		Firm/ Company						
11612 NEBRASKA AVE								
Address TAMPA , FL 33612 City/ State and Zip Code								
							andres-ar E-mail address: (to be use	ngulo@hotmail.com If for future annual report notification)
						For further informati	ion concerning this matter,	please call:
ALON	ISO A ANGULO	at (813) 526-5550						
Name o	f Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check	for the following amount m	ade payable to the Florida Department of State:						
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

FILED

FADE MASTERS II, INC.

11 OCT 14 AM 9: 39

(Name of Corporation as currently filed with the Florida Dept. of State)

SEGRETARY OF STATE

Р	O	5	O	n	n	1	2	q	Q	1	

(Document Number of Corporation (if known)

owing

	N/A	The
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp." "Inc," or	"Co". A professional corpor
3. Enter new principal office address, if a Principal office address MUST BE A STR		
C. Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX) N/A	
). <u>If amending the regis</u> tered agent and/	or registered office address in Flor	ida, enter the name of the
new registered agent and/or the new r		
	ALONSO A ANGULO	
Name of New Registered Agent:		
Name of New Registered Agent:	30915 WHITE BIRD AVE	
Name of New Registered Agent: New Registered Office Address:	30915 WHITE BIRD AVE (Florida street address	
		;) , Florida_33543 (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	Address	Type of Action
VP	ANDRES F ANGULO	9750 MAGNOLIA BLOSSON DR TAMPA, FL 33626	
			☐ Add ☐ Remove
			☐ Add ☐ Remove
N/À	ional sheets, if necessary). (Be specific		
provisions (if not a	dment provides for an exchange, reclast for implementing the amendment if no applicable, indicate N/A)		
N/A			
		· · · · · · · · · · · · · · · · · · ·	•
			

The date of each amendmen	t(s) adoption: <u>08</u>	3/01/2011
Effective date <u>if applicable</u> :	08/01/2011	(date of adoption is required)
	(no more than s	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
•		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		.,,
	(voting group)	
action was not required.		board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required.	re adopted by the	meorporators without shareholder action and shareholder
Dated_09/0	6/2011	
Signature		() () () () () () () () () ()
sele		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		ALONSO A ANGULO
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title o	f person signing)