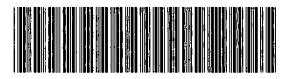
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	(Requestor's Name)
·	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Consist to the control of	Taka Filing Officer
Special instruction	s to Filing Officer:
1	1 1 104

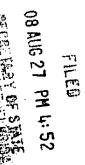
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORI	PORATION: One M	lan Army, Inc.	•
DOCUMENT NU	MBER:		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	Kevin Donival	of Contact Person)	
	One Man Ann	m/Company)	Harberry, Net
	P.O. Box 66713	(Address)	<u>. </u>
7	Pompano Brack (City/s	tate and Zip Code)	
For further inform	ation concerning this matter,	please call:	
<u>Levin</u> (Nam	Doriva Le of Contact Person)	at (<u>954</u>) <u>697</u> (Area Code & Daytim	2-5744 e Telephone Number)
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)
Mailing A Amendme		Street Address Amendment Section	SECRETARY OF STATES

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

OO :8: HA TS SUA 88%

Articles of Amendment to Articles of Incorporation of

One Man Army Incorporated (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> :
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) Mailing Article II - Principle office - P.O. Box 667136 Pomptino Rel, FL. 3306
Article II Purpose - Marketing and Business Consultants,
Arcticle V Initial Office. Delete Dates Mortimer
Arricle IV Shares - delete 1,500 and replace with 100 shares.
Litich VI Reg. Agent - delete Dicken Prome and replace
with Gay Fire as an new registed agant.
Signed by Gary Pierre
(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)

The date of each amendment(s) adoption: 7/12/28	
Effective date if <u>applicable</u> :	
(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.	or
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 b	y
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	on
The amendment(s) was/were adopted by the incorporators without shareholder action a shareholder action was not required.	nd
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)	
Lewin Darrel	
(Typed or printed name of person signing)	
Tresidour	•
(Title of person signing) .	

FILING FEE: \$35