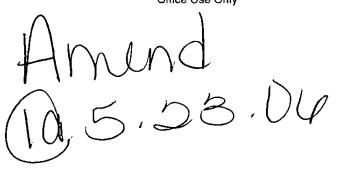
P06000058141

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF COR	PORATION: RIPOLL, CORP	2.	
DOCUMENT NU	JMBER: P06000058141		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
	CRIS	STIAN RIPOLL	
	(Name	of Contact Person)	
	RIF	POLL, CORP.	
 ,	(Fir	rm/ Company)	
	300 BAY\	/IEW DR APT # 409	
-		(Address)	
	SUNNY	ISLES FL 33160	
	· · · · · · · · · · · · · · · · · · ·	ate/ and Zip Code)	
For further inform	ation concerning this matter,	please call:	
CF	RISTIAN RIPOLL	at (786) 5875683	
(Nam	e of Contact Person)	(Area Code & Daytim	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 Address Amendment Section Division of Corporations		Street Address Amendment Sect Division of Corpo	

409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

'''	FILED
TALLAHAS	15 AM 10: 00 SEE, FLOATE
"M5,	SEE, FI SATE

RIPOLL CORP.

	~1////	
(Name of corporation as currently filed with the Florida Dept. of State)	OKIDA -	
P06000058141	4	
(Document number of corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> dopts the following amendment(s) to its Articles of Incorporation:	Corporation	
EW CORPORATE NAME (if changing):	٠	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "In a professional corporation must contain the word "chartered", "professional association," or the abb		
MENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Artind/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	cle Number(s)	
RISTIAN RIPOLL DIRECTOR PRESIDENT		
00 BAYVIEW DR APT # 409		
UNNY ISLES FL 33160		
YLVIA GARCIA DIRECTOR PRESIDENT	DIRECTOR PRESIDENT	
00 BAYVIEW DR APT # 409		
UNNY ISLES FL 33160		
(Attach additional pages if necessary)		
an amendment provides for exchange, reclassification, or cancellation of issued shor implementing the amendment if not contained in the amendment itself: (if not applement)	•	

(continued)

The date of	of each amendme	ent(s) adoption: 05-10-06
Effective of	date if <u>applicable</u>	. 05-10-06
		(no more than 90 days after amendment file date)
Adoption	of Amendment(s	(CHECK ONE)
	,	s) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	-	s) was/were approved by the shareholders through voting groups. The ent must be separately provided for each voting group entitled to vote amendment(s):
	"The number	of votes cast for the amendment(s) was/were sufficient for approval by
		(voting group)
Ø	•	s) was/were adopted by the board of directors without shareholder action action was not required.
		s) was/were adopted by the incorporators without shareholder action and n was not required.
Signed this	s <u>10</u> day o	f MAY , 2006
	Signatur e	- The same of the
	sel	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		CRISTIAN RIPOLL
	•••••	(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)

FILING FEE: \$35