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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: $N = N = N = N$	Corporation
DOCUMENT NUMBER: PO6000	10204
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
To J. M. W. (Name of Conta	ect Person)
MOVAX Cor (Firm/Con	200RATION
10850 NW (Addres	21 St Popy 170
MIAMI FL (City/ State and	3317Z Zip Code)
For further information concerning this matter, please	
Name of Contact Person)	At (786) 33860/8 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
Amendment Section A	treet Address Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

OF SEP OF **Articles of Incorporation** (Name of corporation as currently filed with the Florida Dept. of State)

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)
By MISTAKE WE ENTED WHANA E. BOHOROWEZ
AS THE OFFICER OF NOVAX CORPORATION (PRESIDENT).
WE WILL APPRECIATE IF YOU COULD CORRECT
THIS AND INSTEAD ENTER NORMA PATRICIA CARDONA
AS THE OFFICER PRESIDENT OF NOVAX CORPORATION
AS THE OFFICER PRESIDENT OF NOVAX CORPORATION WITH THE SAME ADDRESS (15457 SW 50 HAVE
MIAMI, FL 33185).
(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)

The date of each amendmen	t(s) adoption: 08-24-2006
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
, ,	was/were approved by the shareholders through voting groups. The transit must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action ion was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court

JIMY WENCE

appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signifig

FILING FEE: \$35