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SECRETARY OF STATE
TALLAHASSEE, FLORID

DOR 12/19/08

COVER LETTER

TO: Amendment Section **Division of Corporations**

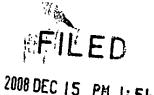
Tallahassee, FL 32314

NAME OF CORPORATION: WHEA NATI ENTER PRISE THE					
DOCUMENT NUMBER: 006 000 146 045					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
(Name of Contact Person)					
ULTRAMATIC ENTERPRISE FNC (Firm/Company)					
15484 NW 77Th CT (Address)					
MIAMI 19Kes FC 33016 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (305) 821-1225 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Secretificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



MITRA MATIC ENT	expers INC:	SECRETARY OF STREET
(Name of Corporation as curren	tly filed with the Florida Dep	ALSAMA SSEE, FLORIDA
P006 000 146045		
(Document Numb	er of Corporation (if known)	·····
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorporate		Profit Corporation adopts the
A. If amending name, enter the new name of t	he corporation:	
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the design	ation "Corp," "Inc," or
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable:		······································
(Mailing address <u>MAY BE A POST OFFIC</u>)	E BUX)	
D. If amending the registered agent and/or reg		ida, enter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Florida street address	
		. Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		d accept the obligations of the

Signature of New Registered Agent, if changing

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>	<u>Name</u>	Address	Type of Action
DID	Glovanni C Scacega	#41 FORT lander DATE FLZE	
VP/D	Christopher M Segeria	1401 No 9Th ST #41 FOR Guderone FL 33344	Remove
VP/s	Grovanni C Scaceja	1401 De 9745 AY1 FORT laud-RAMIN AL 3374	Add Remove
	ling or adding additional Articles, enter c Iditional sheets, if necessary). (Be specific		
provisio	nendment provides for an exchange, recla ens for implementing the amendment if no or applicable, indicate N/A)		
			<u>. –</u>

The date of each amendment(s) adoption: 100 08
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated /2) 11 oD
Signature Grown C Score
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
OWNEK PID (Title of person signing)