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SECRETARY OF STATE
TALL AHASSEE FLORID.

C. LEWIS AUG 1 3 2013 EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION.	NSVHER PROJETS HOLDING CORP.
DOCUMENT NUMBER: PO	7000012562.
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
(	PAOLA CASTAMED A  Name of Contact Person
<del></del>	Name of Contact Person
	Firm/ Company
13605	Siw 149th NVE #3
H	City/ State and Zip Code
	ola. Castaneda Camail. com.  o be used for future annual report halification)
	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of Sta	•
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

FILED

Articles	of Incorporation	
	of	13 AUG -0 DU 10
CONSUMER PROO	UCTS HOLDING	CORP. 0 PAIS: 51
(Name of Corporation as currently filed with	the Florida Dept. of State)	TALL AUGREY OF STATE
P07000	012562	13 AUG -8 PM 12: 51 CORSECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporat	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corpo	negtion " "company " or "inco	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia		oration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13605 5	1.W 1497 AVE
	#8 HIAMI	Fi . 33196.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
,g		
D. If amending the registered agent and/or registered office		ame of the
new registered agent and/or the new registered office ad		,
Name of New Registered Agent EN 20	ARIER CHARLES	<u>)</u> -
13605 6	Sw 149 <sup>TH</sup> Ave #	<u>ts</u> ,
New Registered Office Address: Min	(City), Florid	da 33196 ,
New Registered Agent's Signature, if changing Registered A		
	reng	<del></del>
Signature of New Regist	ered Agant, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Megun P. Castanada	13605 5.W 149 AVE
AddRemove		J	# 8 Minui, FL. 33196.
2)Change	P	ENZO A CHARLES	13605 S.W 149 Ave # 8 Minni, Fr. 33196.
Remove			
3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change		_	
Add			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		amending or adding additional Articles, et ttach additional sheets, if necessary). (Be s	
rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)			
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The date of each amendment(s) adoption:    August 6 2013   If of the date this document was signed.   August 6 2013	THE THAN the PM 12: 51 F STATE FLORIDA
Adoption of Amendment(s) (CHECK ONE)	- • 1
☐ 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.	
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)  Meyur P. Castaneda.  (Typed or printed name of person signing)	