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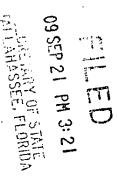
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PICK-UP WAIT MAIL	09/23/0901
(Business Entity Name)	
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Special Instructions to Filing Officer:	
	Amend

Check overpaymen \$43.75



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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION:	Great Morts	jage Group Ax
DOCUMENT NUMBER: PODO	0000 35060	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
· 	Tania E. Ma: Name of Contact Person	suida/
	Great Klortga Firm/Company	ge group Ax.
156	22 SW 59 S7 Address	CD1.
	Hi Am; Pc 33	REGRETAF ALLIAHAS
E-mail address: (to be to	Address Hi Am / Pc 33 City/ State and Zip Code 20293	- AN 8:
For further information concerning this matter	er, please call:	00 P
Name of Contact Person	1 at (796) 399 Area Code & Daytime Tele	<u></u>
Enclosed is a check for the following amount	t made payable to the Florida Departs	ment of State:
\$35 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 P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** 09 SEP 21 PH 3: 21 (Name of Corporation as currently ALLAHASSEE, FLORIDA 0000 35060 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: 540 34 New Registered Office Address: (Florida street address)

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent/ Rom familiar with and accept the obligations of the position.

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)

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(attach additional sheets, if necessary). (Be spe	ecific)	
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r.	If an amendment provides for an exchange, reprovisions for implementing the amendment		
	(if not applicable, indicate N/A)	The committee in the amenant	11. 11.0011
			/

The date of each amendment(s) a	
Effective date <u>if applicable</u> :	(date of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statemer 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	.,,
(vot	ing group)
	opted by the board of directors without shareholder action and shareholder
action was not required.	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 09	-15-2005
Signature	
(By a dir	rector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)
	Yackeline (Arcia
	(Typed or printed name of person signing)
	December
	1 resident
	(Title of person signing)