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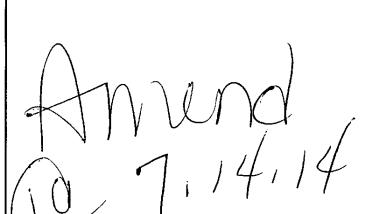
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PICK-UP	WAIT	MAIL
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Special Instructions to F	iling Officer:	





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COVER LETTER

TO: Amendment Section

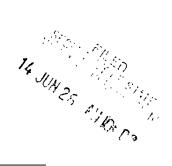
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: BEFE INC	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Darcie Cirdero	
BEFE TOC	
28790 SW 217 Arema	
Humestead Fi 33030 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	~
For further information concerning this matter, please call:	
Darcie Waters Name of Contact Person at 305 218-8632 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$\frac{1}{2}\$\$35 Filing Fee \text{Certificate of Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy is enclosed} \text{Copy is enclosed} \text{Certified Copy is enclosed} Cer	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	Florida Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the statutes of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
s. Enter new principal office address, if applicable:	
b. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Principal office address MUST BE A STREET ADDRESS) Left new mailing address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Principal office address <u>MUST BE A STREET ADDRESS</u>) L. Enter new mailing address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>) L. Enter new mailing address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>) . <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Idress in Florida, enter the name of the
Principal office address <u>MUST BE A STREET ADDRESS</u>) L. Enter new mailing address, if applicable:	

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

New Registered Office Address:

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

Signature of New Registered Agent, if changing

(Florida street address)

, Florida

(Zip Code)

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 Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo		
_X Add	<u>sv</u>	Sally Sn		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an 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 amount of common capital stoce and how a filling five human and Dollars (15,500 000) divided in five human and Dollars (15,500 000) divided in five human and Dollars (15,500 000) divided in five human and Dollars (15,500 000) shares of stock at a par value of one about (51,000 per	(Attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 east 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 GAZTIU	
Signature Lahri & Chilles	_
(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)	
TOUR COLOURS	
(Typed or printed name of person signing)	
* Coudant	

(Title of person signing)