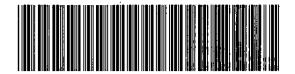
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:				
DOCUMENT NU	MBER: All Inclu	usive Cons	ultants fo	or Succes	s Inc.Kathleen Root
The enclosed Artic	cles of Amendment and f	ee are submitte	ed for filin	g.	
Please return all co	orrespondence concerning	g this matter to	the follow	ving:	
		Kathleer			
		Name of Cont	act Person		
	All inclusive Consultants for Success Inc.				
	Firm/ Company				
	14270 SW 68 St.				
	Address				
		Miami FL	33183		
		City/ State and	Zip Code		
	kathle	eenhroot@ya	hoo.com		
	E-mail address: (to be	used for future a	innual report	notification)	
For further inform	ation concerning this mat	ter, please cal	l:		
	kathleen root	at (305	3	87 1533
Name	of Contact Person		Area Code	& Daytime Tel	ephone Number
Enclosed is a chec	k for the following amou	nt made payab	le to the F	lorida Depar	tment of State:
□ \$35 Filing Fee	₹ \$43.75 Filing Fee & Certificate of Status	Cer	.75 Filing Fe tified Copy ditional copy	ee &	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	<u>ddress</u>	Stree	t Address		
Amendme	nt Section	Amei	ndment Sec	ction	
Division of	f Corporations	Divis	Division of Corporations		
P.O. Box 6	327	Clifto	Clifton Building		
Tallahassaa EL 22214		2661	Evecutive	Center Circl	a

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

All Inclusive Consultants for Success Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

P070	000117545		
	ber of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corporation	adopts the follow
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	e," or "Co". A profession	
B. Enter new principal office address, if appl	icable:		<u> </u>
(Principal office address <u>MUST BE A STREE</u>)	TADDRESS)	•	مهر المعرفية
	- 		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			S 77
			一一 一
			5 0 S
D. If amending the registered agent and/or re	egistered office address i	n Florida, enter the name	of the S
new registered agent and/or the new regis		H I TOTAL CHIEF THE BUILD	<u>or the</u>
Name of Nam Danietona d Against			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		. Florida	
-	(City)	(Zip Code)	
	The 1.4 co. 1. A co. 14.		
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		and accept the obligations of	of the position.
to y december the appointment and together ou ag	y willy will receive 17 7711 W	serep seriganism	<i>y</i> x
	anature of New Registers	d Agent if changing	
Si	gnature of New Registere	d 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
<u>VP</u>	Douglas Root	14270 SW 68 St. Miami FL 33183	☐ Add ☐ Remove
<u>VP</u>	Liezl Root	14270 SW 68 St. Miami FL 33183	
PRES	Kathleen Root	14270 SW 68 St. Miami FL 33183	☐ Add ☑ Remove
	ding or adding additional Articles dditional sheets, if necessary). (E		
provisi		nge, reclassification, or cancellation nent if not contained in the amend	
T-100-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			

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>	<u>Address</u>	Type of Action
Pres	Adam Batista	14270 SW 68 St. Miami FL 33183	☑ Add ☐ Remove
			□ Domovo
			Ė ο
	ding or adding additional Artic dditional sheets, if necessary).		
		ange, reclassification, or cancellatio dment if not contained in the amenc	
	ot applicable, indicate N/A)	ament ir not contained in the amend	intent asen.

The date of each amendmen	t(s) adoption: May	19, 2011
Effective date <u>if applicable</u> :	May 20,2011	(date of adoption is required)
	(no more than 90 a	lays after amendment file date)
Adoption of Amendment(s)	(CHEC	CK ONE)
The amendment(s) was/we by the shareholders was/w		areholders. The number of votes cast for the amendment(s) proval.
		hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendm	ent(s) was/were sufficient for approval
by		."
	(voting group)	
action was not required.		ard of directors without shareholder action and shareholder corporators without shareholder action and shareholder
Dated_May	<u>/</u> 19,2011	
Signature	Kollun	ROT
(B ₂	y a director, president	t or other officer - if directors or officers have not been
	ected, by an incorpor pointed fiduciary by t	rator – if in the hands of a receiver, trustee, or other court chat fiduciary)
		Kathleen Root
	(Typed	or printed name of person signing)
		President
	(Title of pe	erson signing)