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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	<u> </u>

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend 10 11/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Believe \$	·Be, Inc.	
DOCUMENT NUMBER: P07000120	0020	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Amy Hicks	of Contact Person	
Name	of Contact Person	
Believe & Be, In	C/ rm/ Company	
599) Byword Dr	Address	
Ortando, Fr 3° City/s	2810 tate and Zip Code	
E-mail address: (to be used for	Wail. Com future annual report notification)	
For further information concerning this matter, plea	se call:	
AMU HCUS Name of Contact Person	at (<u>407</u>) <u>232-1</u> Area Code & Daytime Tele	315
Enclosed is a check for the following amount made	·	•
	□\$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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



RECEIVED
10 NOV 17 AM 8: 05

SECHETARY OF STATE TALLAHASSEE, FLORIDA

November 2, 2010

AMY HICKS BELIEVE & BE, INC. 5950 RYWOOD DRIVE ORLANDO, FL 32810

SUBJECT: BELIEVE & BE, INC. Ref. Number: P07000126626

We have received your document for BELIEVE & BE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

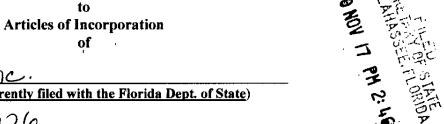
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 410A00025759

Articles of Amendment to



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, this Florida Profit Corporation adopts the following

		The
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	ne designation "Corp," "Inc	," or "Co". A professional corpora
. Enter new principal office address, if ap		
Principal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u>)	
		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.)		
(Maning dutiess MAT BE ATOST OFF	<u> </u>	
(Maning dualess MAT BE ATOST OFT	<u>ICE BOX</u>)	
. If amending the registered agent and/or new registered agent and/or the new reg	registered office address i	n Florida, enter the name of the
. <u>If amending the registered agent and/or new registered agent and/or the new reg</u>	registered office address i	n Florida, enter the name of the
. If amending the registered agent and/or	registered office address i	n Florida, enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in gistered office address;	
. <u>If amending the registered agent and/or new registered agent and/or the new reg</u>	registered office address i	address)
. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in gistered office address;	

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>	Name	Address	Type of Action
			Add Remove
			Add Remove
	ding or adding additional additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
Ameu	ding Whicle I	I - should state	the following:
The.	purpose for	which this corporator ANY and ALL 4	ation is
orga	inized is y	for ANY and ALL 4	Jusiness.
provis		n exchange, reclassification, or cancellation amendment if not contained in the amen)	

The date of each amendment(s) adoption:
77.00 11 3 4 10 31 11	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	55
·	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	26-10
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Amy Hicks (Typed or printed name of person signing)
	(Title of person signing)