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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NOVARRIS	S VENTURES, II	NC.			
DOCUMENT NUMBER: P080002300)8				
The enclosed Articles of Amendment and fee are su					
Please return all correspondence concerning this ma	atter to the following:				
LILIA H. HARRIS	8				
<u></u>	Name of Contact Person				
	Firm/ Company				
213 ISLE VERDE	E WAY				
Address					
PALM BEACH G	PALM BEACH GARDENS, FL. 33418				
	City/ State and Zip Cod	e			
lilisimports@earthlin	k.net				
E-mail address: (to be u	sed for future annual report	notification)			
For further information concerning this matter, plea	se call:				
LILIA H HARRIS	_{at (} 561	352-6745			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee □\$43.75 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 Tallahassen, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NOVARRIS VENTURES, INC.		
(Name of Corporation as currently filed with the F	Florida Dept. of State)	
P08000023008		
(Document Number of Corporation (if known)	່ _ → 12-05
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following	g amendment (s) to
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must o	
B. Enter new principal office address, if applicable:	213 ISLE VERDE WAY	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PALM BEACH GARDENS	•
	FL 33418	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6231 PGA BLVD	
1	SUITE 104-380	•
	PBG FL 33418	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
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)

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	VP	SULEMY G. NOVELO	213 ISLE VERDE WAY
Add			PBG FL 33418
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
. .			
6) Change			
Add			
Remove			

E. <u>If ar</u> (Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
'. <u>If ai</u> pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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 amendm by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"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.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated 04/18/2014	
Signature	
(By a director president or other officer – if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
LILIA H. HARRIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	