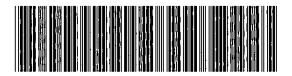
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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: $Pazz_{+}$	Inc. "
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Stephanie Baho	f Contact Person)
Fazz, The.	n/ Company)
	Address)
Brandon, PC 33570 (City/St	ate and Zip Code)
For further information concerning this matter,	please call:
Stephanie Zahar (Name of Contact Person)	at (<u>813</u>) <u>900-3125</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	\$43.75 Filing Fee & \$52.50 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 to Articles of Incorporation of



Fazz, Inc.		•0
(Name of Corporation as current)	y filed with the Florida Dept. of St.	ate)
(Document Number	of Corporation (if known)	
presure to the provisions of section 607.1006, Following amendment(s) to its Articles of Incorporate If amending name, enter the new name of the	ation:	Corporation adopts the
. If amending name, enter the new name of the	e corporation.	
he new name must be distinguishable and incorporated" or the abbreviation "Corp.," "In Co". A professional corporation name nasciation," or the abbreviation "P.A."	nc.," or Co.," or the designation	"Corp," "Inc," or
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
. If amending the registered agent and/or regis	stered office address in Florida, en	ter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	_
	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing F		(4 - m-y
hereby accept the appointment as registered agastion.		pt the obligations of th
Sign	ature of New Registered Agent, if ch	anging

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
\mathcal{D}_{-}	Fahmi Bahaur	2014 Derbywood Dr Brandon, A. 33.510	Add Remove
			_ Add _ Remove
			_
	nding or adding additional Articles, of additional sheets, if necessary). (Be		
			,
F. Ifan a	mendment provides for an exchange	e, reclassification, or cancellation of is	ssued shares,
provis	ions for implementing the amendme	nt if not contained in the amendment	
(if	not applicable, indicate N/A)		

Th	e date of each amendment	l(s) adoption: 2-17-89	
Eff	fective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	•
	The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the an ere sufficient for approval.	mendment(s)
		re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendme	
	"The number of votes	cast for the amendment(s) was/were sufficient for approval	
	by	(voting group)	
		(voting group)	
	The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and	shareholder
#	The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shar	eholder
	Dated	1/17/09	
	Signature	tiphanie Faham	
	(By sele	vardirector, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	
		Stephanic Bahaur (Typed or printed name of person signing)	-
		(1) ped of printed fiame of person signing)	
		Director / President	_
		(Title of person signing)	