(Requestor's Name)  (Address)	10016197542
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(Business Entity Name)  (Document Number)	09 OCT 22
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# **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Malachi Bemadeing, Inc		
DOCUMENT NUMBER: <u>P0800035932</u>		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Samuel	Bleu5 of Contact Person	
Molachi Rem	irm/Company Inc	
833 Seminale Avc		
Languaged, ICI 32750 City/ State and Zip Code		
Sam amalachikendeling am E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Samuel Bleus Name of Contact Person	at (10) U68 02 U6  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee  Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

### **Articles of Amendment**

to

# **Articles of Incorporation**

of

(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the word "corp."	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10000000 FT 32750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 5507 Orlando, (d. 32855
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Samue	1 Bleus
New Registered Office Address: (Florid	minole Ave da street address)
Ling a	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am family Signature of New	gent: liar with and accept the obligations of the position.  BLU  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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
6	Samuel Bleus	mgunood,	Add Remove
TIL	Samuel Bleus	feedmood f	Add Remove
<u>S</u>	Samuel Brews	himsz EEB Joodupau	Add Add Remove
(attach	additional sheets, if necessary). (Be spec	cific)	
provi	amendment provides for an exchange, resions for implementing the amendment is foot applicable, indicate N/A)		

· The date of each amendment(s) adoption	11: October 14,2009
	(date of adoption is required)
Effective date if applicable:	han 90 days after amendment file date)
(no more i	nun 90 aays ajier amenameni jiie aaie)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
by	25
(voting gro	up)
The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder
Dated 10+ 14,	3009
Signature Som	MBlevs
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
Sa	(Typed or printed name of person signing)
•	(17ped of printed name of person signing)
Pies	sider
<b>(</b> T	itle of person signing)