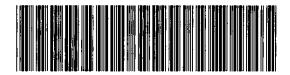
P08000043193

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SECRETARY OF STATE
DIVISION OF CORPORATION

C.COULLIETTE

OCT 1 2 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: IVAMA Products and 5s. Corp.
DOCUMENT NUMBER: P08000043193
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
IVAMA Products And Somes Pup.
Firm/ Company
1801 5 Odan Dr #503
Hollywood, FL 33019 City/State and Zip Code
maning 12 1963 a yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alba 17 Fanna at (786) 260 4910 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	· · · por more		
		nd Service	w long
(Name of Corporation as currently filed with	the Florida Dept.	. of State)	•
P080000) 43193	3	
(Document Number of Corpora	ation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida I	Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the corporati	ion:		
At amending name, enter the new name of the corporati	<u> </u>	-\	
			The new
name must be distinguishable and contain the word "con abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional assoc	Corp," "Inc," or "	'Co". A professional	ted" or the corporation
B. Enter new principal office address, if applicable:	-		ور وشو آمرین برمون
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	ν.	VIS VIS
			8 <u>\$</u> 3
			- C - C - C - C - C - C - C - C - C - C
C. Enter new mailing address, if applicable:			골 종유트
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			— မ်ာ ဆွီမြ
			ATTIC
D. If amending the registered agent and/or registered office	o oddross in Floriu	do anton the name of	feho
new registered agent and/or the new registered office a		ua, enter the name of	. the
			
Name of New Registered Agent:			
	-	-	
New Registered Office Address: (Flo	rida street address))	
	.,	, Florida (Zip Code)	
(City	9	(Lip Code)	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fan	niliar with and acce	ept the obligations of t —	he position.
		• • • • • • • • • • • • • • • • • • • •	
Signature of New	w Registered Agent,	, if changing	

removed and title, name, and address of each Officer and/or Director being add- (Attach additional sheets, if necessary)	ed:
Address P Kenneth Rlustellio 18015. Out Da # 503 Holly wood FL P Alba M Panna 18015. Out Da # 503 Holly wood FL Da # 503 Holly wood FL Da # 503 Holly wo FL	Type of Action Add Remove Add Remove Add Remove Add Remove Add Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
F. If an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	

· If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) ad	option: 09-27-2010
December data to annull ables	(date of adoption is required)
(no n	option: Of 27 - 20 / O (date of adoption is required) Of 27 - 27 - O (one of adoption is required) nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(votin	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	27-2010
Signature <u></u>	muth 1. Lfostellis
(By a dire selected, b	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Kenne TH R HosTellio (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Prasident
_	(Title of person signing)