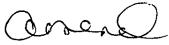
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SECRETARY OF STATE

10 W 11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Quincy Golden Falcon	n, Inc.
DOCUMENT NUMBER:		P0800006908	2
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Raed Haifa	
	1	Name of Contact Person	
Qui		cy Golden Falcon, Inc.	·
		Firm/ Company	
640 Pat Thomas Pkwy			
		Address	
		uincy FL 32351 US	
	(City/ State and Zip Code	
	rhaifa E-mail address: (to be use	00@yahoo.com ed for future annual report notification)
For further informa	ation concerning this matter,	please call:	
	Raed Haifa	at (<u>850</u>)	345-3837
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Dep	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed	 Z \$52.50 Filing Fee
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 Cir	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

olden Falcon, Inc.	11 0et -6 PM 4: 17
ently filed with the Florid	la Dept. of State ORF TARY OF OFF
000069082	TALLAHASSEE, FLORIDA
iber of Corporation (if kno	own)
5. Florida Statutes, this <i>F</i>	Clorida Profit Corporation adopts the following
the corporation:	
	The new
	"company," or "incorporated" or the c." or "Co". A professional corporation the abbreviation "P.A."
licable: TADDRESS)	
CE BOX)	
egistered office address i	n Florida, enter the name of the
tered office address:	
(Florida street a	uldress)
	, Florida
(City)	(Zip Code)
a Degistered Agents	
	and accept the obligations of the position.
gnature of New Registeres	Agent if changing
	the corporation: The word "corporation," designation "Corp." "Included association," or licable: TADDRESS) CE BOX) CE BOX (Florida street of (City) Tag Registered Agent:

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
PD	RAED HAIFA	640 PAT THOMAS PKWY QUINCY FL 32351 US	
(attach a	ding or adding additional Artic dditional sheets, if necessary). 11: AMEND ABDLHAKIM H		
	II: ADD 50 SHARES TO R		
	SS: 640 PAT THOMAS PAR		
•			
provisi		ange, reclassification, or cancellation of i dment if not contained in the amendmen	
		,	
			

The date of each amendment	(s) adoption: 7/27/2011
Effective date if applicable:	(date of adoption is required)
Enective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we 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 shareholder
Dated	10-6-11
Signature	a director, president or other officer and directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ABDLHAKIM H. HALUM
·	(Typed or printed name of person signing)
	SHAREHOLDER
	(Title of person signing)