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(Business Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	SPINNING THINGS, II	NC
DOCUMENT NUM	BER:	P08000095267	******
The enclosed Articles	s of Amendment and fee a	are submitted for filing.	
Please return all corre	espondence concerning th	is matter to the following:	
	INGRID GOLDBERG		
	١	Name of Contact Person	
A PLUS ACCOUNTING INC			
Firm/ Company			
6130A EDGEWATER DRIVE			
		Address	
ORLANDO FL 32810			
	C	City/ State and Zip Code	
	INGRID@APL E-mail address: (to be use	USACCOUNTING.COM	
For further information	on concerning this matter,	please call:	
INGRI	D GOLDBERG		92-1964
Name of	Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for	or the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addi Amendment S Division of Co P.O. Box 6322	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle		ie –	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

SPINNING THINGS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

O08000095267

(Document Number of Corporation (if known)

			_The net
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pi	ie designation "Corp," "Inc," or "	Co". A professional co	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			-
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or		la, enter the name of th	<u>re</u>
new registered agent and/or the new reg			
Name of New Registered Agent:			
	(Florida street address)		
Name of New Registered Agent:	(Florida street address)	, Florida	
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if change	(Florida street address) (City) ung Registered Agent:	, Florida (Zip Code)	nosition
Name of New Registered Agent:	(Florida street address) (City) ung Registered Agent:	, Florida (Zip Code)	position.

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
TREAS	YIZTHAK	8522 HIDDEN BEACH CIRCLE ORLANDO FL 32808	☑ Add ☐ Remove
	-		☐ Add ☐ Remove
	-18/4		☐ Add ☐ Remove
	ling or adding additional Articles lditional sheets, if necessary). (E		
provisio		ige, reclassification, or cancellation of iss nent if not contained in the amendment i	

The date of each amendmen	t(s) adoption:	02/01/10
Effective date <u>if applicable</u> :	02/0110	(date of adoption is required)
	(no more that	n 90 days after amendment file date)
Adoption of Amendment(s)	<u>((</u>	CHECK ONE)
The amendment(s) was/we by the shareholders was/w		the shareholders. The number of votes cast for the amendment(s) or approval.
		the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):
"The number of votes	cast for the am	endment(s) was/were sufficient for approval
by		···
	(voting group))
The amendment(s) was/we action was not required.	ere adopted by t	he board of directors without shareholder action and shareholder
The amendment(s) was/wa action was not required.	ere adopted by t	he incorporators without shareholder action and shareholder
Dated_02/0)1/10	
Signature	Mica	\
sele	ected, by an inc	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
		AVIRAM DADON
	(1	Typed or printed name of person signing)
		PRESIDENT
	(Title	e of person signing)