Porcua 7 124

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL . |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

6/009



300156386843

06/08/09--01011--023 **35.00

SECRETARY OF STATE LLAHASSEE, FLORIDA

2009 JUN -8 PH 3: 21
SECRETARY OF STATE
ALLAHASSE

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|--|--|
| NAME OF CORPORATION:Alliv | 150n Gallery CORP |
| DOCUMENT NUMBER: PO | 9000027124 |
| The enclosed Articles of Amendment and fee are s | ubmitted for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| Angel | of Contact Person |
| <u>Allinson</u> | irm/ Company COMP |
| 2114 | Address |
| HIAM: FL City! | State and Zip Code |
| E-mail address: (10 be used for | os V4100 . On riture annual report notification) |
| For further information concerning this matter, ple | ase call: |
| Angel Gonzalez Name of Contact Person | at (305) 934-5478 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | e payable to the Florida Department of State: |
| ☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address | Street Address |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

| Articles of Amendment to Articles of Incorporation of | 2009 JUN-8 | |
|---|--------------------|--|
| Allinson Gallery Corp | TALLAHASSY OF 3:22 | |
| (Name of Corporation as currently filed with the Florida Dept. of State) P0900027124 | SEE. FLORIDA | |
| (Document Number of Corporation (if known) | | |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| Angelie T | JUMNITUR | e C | DAP | The new |
|--|---------------------|---------------------------|--------------------------|-------------------------------------|
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or in name must contain the word "chartered," "p | the designation "Co | orp," "Inc," or | "Co". A profession | oorated" or the onal corporation |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRE | | - | nw 27: | |
| | | | | |
| C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) | | 2114 N | <u>, ω 2∋ Sτ</u> | |
| | | Miami, | FL 33147 | <u>-</u> |
| D. If amending the registered agent and/o new registered agent and/or the new re | | | ida, enter the nam | e of the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Florid | da street addres | s) | |
| | (City) | | , Florida_ (Zip Code) | |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | iging Registered A | zent: liar with and ac | cept the obligations | of the position. |
| _ | Signature of New | Registered Ager | nt, 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> | <u>Address</u> | Type of Action |
|-------------------------|---|---|--|
| | | | □ n |
| | | | |
| | | | |
| E. If amen (attach a | nding or adding additional A additional sheets, if necessary) | rticles, enter change(s) here: (Be specific) | |
| | | | |
| | | | |
| | | | |
| provis | mendment provides for an e ions for implementing the an not applicable, indicate N/A) | xchange, reclassification, or cancella nendment if not contained in the am | ation of issued shares, endment itself: |
| | | | |
| · | | | |
| | | | |
| | | | |

| The date of each amendment | |
|--|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) HAGO 24, 2009 (no more than 90 days after amendment file date) |
| Adoption 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 amendment(s) are 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 6/5/09 |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |