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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special metabolic to 1 milg smooth |
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Office Use Only



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10 FEB II AMIO: II

Amend 10/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORP | ORATION; | OLM Merchandize, Inc | | |
|--|--|--|---|--|
| DOCUMENT NUMBER: | | P09000043311 | | |
| The enclosed Articl | les of Amendment and fee a | are submitted for filing. | | |
| Please return all con | rrespondence concerning th | is matter to the following: | | |
| - | | ARVEY ORLANDER | | |
| | ľ | Name of Contact Person | | |
| _ | OLM | MERCHANDIZE, INC | | |
| | | Firm/ Company | | |
| 8348 SICILIANO STREET | | | | |
| | | | | |
| | BOYN | TON BEACH, FL 33472 | | |
| | C | City/ State and Zip Code | | |
| | E-mail address: (to be use | ed for future annual report notification) | | |
| For further informa | tion concerning this matter, | please call: | | |
| HAR | VEY ORLANDER | at (561) 74 | 12-3542 | |
| Name | of Contact Person | Area Code & Daytime Tele | ephone Number | |
| Enclosed is a check | for the following amount r | nade payable to the Florida Depart | ment of State: | |
| ☑ \$35 Filing Fee | □ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| 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 Circl | 0 | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| | 10 | | | |
|---|---|---------------------------------|---------------------------------|--|
| OLM ME | RCHANDIZE | E, INC | | ~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| (Name of Corporation as cur | rrently filed with | the Florida Dept. | of State) | . *{ |
| PO | 9000043311 | | | (A) |
| (Document N | umber of Corporat | tion (if known) | | |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation | | tes, this <i>Florida P</i> | rofit Corporation adopts the | foll |
| A. If amending name, enter the new name | of the corporation | on: | | |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered." "p | he designation "C | Corp," "Inc," or "C | Co". A professional corpora | the |
| B. Enter new principal office address, if a | pplicable: | 8348 SICILIAN | NO STREET | |
| (Principal office address <u>MUST BE A STRI</u> | | | EACH, FL 33472 | |
| C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF) | | 8348 SICILIAN | O STREET ACH, FL 33472 | |
| D. If amending the registered agent and/o new registered agent and/or the new re | | address in Florid | | |
| Name of New Registered Agent: | Name of New Registered Agent: HARVEY ORLANDER | | | |
| | | ANO STREET rida street address) | | |
| | BOYNTON E | BEACH | , Florida_ 33472 | |
| | (City, |) | (Zip Code) | |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | | | ot the obligations of the posit | ion. |

Signature of New 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 |
|--------------------|--|--|-------------------|
| T/S | ROBERT LEFF | 6395 NW 24TH AVE BOCA RATON, FL 33496 | ☐ Add ☐ Remove |
| T/S | SHARON ORLANDER | 8348 SICILIANO STREET BOYNTON BEACH, FL 33472 | ☑ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| E. If ameno | ding or adding additional Articles, end dditional sheets, if necessary). (Be sp | nter change(s) here: pecific) | |
| | | | |
| | | | |
| | | | |
| F. <u>If an ar</u> | nendment provides for an exchange, | reclassification, or cancellation of iss | ued shares, |
| | ons for implementing the amendment not applicable, indicate N/A) | t if not contained in the amendment i | tself: |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 1-15-2010 |
|--|---|
| Effective date if applicable: | (date of adoption is required) |
| - 10 | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement and 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. | ere adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated | 2-9-10 |
| sel | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | HARVEY ORLANDER |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |