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

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: LIDATISH Global, Inc. DOCUMENT NUMBER: P09000063947
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diyana Malakoti Name of Contact Person Lionfish Global, Inc. Firm/Company
Hallandale Beach, FZ 33009
City/ State and Zip Code
Diyana Malakoti at (305), 479-4550 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:
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

TO: Amendment Section

s 1 1 1 1

Articles of Amendment to Articles of Incorporation

1	of	
Lionfish Global, Inc.		
(Name of Corporation as currently filed with the	Florida Dept. of State)	
<u> </u>		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
Decimal Recordings I	Inc.	_The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must "P.A."	abbreviation contain the
B. Enter new principal office address, if applicable:	800 Parkview Dr#	F1018
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hallandale Beach, F	33009
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA Same	-
		-
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the	-
Name of New Registered Agent N/A Same	<u></u>	12 Begg
		喜
(Florida st	reet address)	- 55E
New Registered Office Address:	, Florida	
(City,	(Zip Code)	STATE 115
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
N/A, Same	Agent if changing	
Nanatire of New Realstered	AUPRI IT 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove		NA		
2) Change Add Remove		. <u> </u>		
3) Change Add Remove	<u></u>			
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

uttach additional sheets, if necessary).	. (Be specific)	
NA		
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
NA		

The date of each amendment(s) adoption: 3/1/2012	
Effective date if applicable: 3/1/2012	
(no more than 90 days after amendment)	file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	following statement nendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	9
. (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	d shareholder
Dated 2/29/2012 Signature TWIQUA Ada D	
(By a director, president or other officer – if directors or office selected by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Diyana Malakoti (Typed or printed name of person signing)	
President	
(Title of person signing)	