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APPROVEL AND FILED



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	NAUTILUS FL SERVICES, INC.
DOCUMENT NUMBER:	09 0000 81093
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
	SUILLERMO LEONI
	Name of Contact Person
N	UTILYS LIFE, INC
	Firm/ Company
	O52-0 NW 31 COURT Address
•	Address
	UNRISE FL 33351 City/ State and Zip Code
	City/ State and Zip Code
E-mail address	EXZAIC GMAIL . COM s: (to be used for future annual report notification)
For further information concerning t	is matter, please call:
A	at (954 _)
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:
\$35 Filing Fee \$43.75 Filing Certificate of	
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 Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

NAUTILLS	FL	services,	No.

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

109,0000 81093

(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:

If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (City) (City) Or "incorporation" company, or "incorporated" or to or or the designation "Corp., "Inc.," or "Co". A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A." If a mending office address, if applicable: (Mailing address MAY BE A STREET ADDRESS) If a mending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address)	NAUTIUS LIFE		The ne
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida	breviation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Ir	ic," or "Co". A professional corporatio
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida			N/A
Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida			
New Registered Office Address: (Florida street address) , Florida			N/A
, Florida	(Mailing address MAY BE A POST OFFI	registered office address	
(City) (Zip Code)	(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new regi	registered office address	
(City) (Zip Code)	(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:	in Florida, enter the name of the
	(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address:	in Florida, enter the name of the

Title .	<u>Name</u>	Address	Type of Action
	N/A	ಬ/೬	
			
	ing or adding additional Artic ditional sheets, if necessary),	les, enter change(s) here: (Be specific)	
<u>provisio</u>	nendment provides for an exching for implementing the amend applicable, indicate N/A)	ange, reclassification, or cancellation diment if not contained in the amend	n of issued shares, Iment itself:
<u>provisio</u>	ns for implementing the amend	dment if not contained in the ameno	n of issued shares, Intent itself:

If amending the Officers and/or Directors, enter the title and name of each officer/director being

a The date of each amendmen	t(s) adoption: 01 21 2010
Effective date if applicable:	(date of adoption is required)
in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	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	01/21/2010
	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)
	GUILLERMO LEON
	(Typed or printed name of person signing)
	President
	(Title of person signing)