(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: The	Salines Group	INC.
DOCUMENT NUMBER: PO 90000	> 966 Z	·
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
	Cram e of Contact Person	
Nam	e of Contact Person	
	Firm/ Company	
	rittiv Company	
20010 Sw 12	3 cT.	***************************************
	Address	
miami, FC	State and Zip Code	
drsa somme E-mail address: (to be used for	or future annual report notification)	m.
· ·		
For further information concerning this matter, ple	ease call:	
Name of Contact Person	at (305) 5 (0 · Area Code & Daytime Tele	-3285 ephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\(\text{Certificate of Status}\)	\$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	Street Address	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

The Salines	(xous. INC.
(Name of Corporation as currently filed	with the Florida Dept. of State)
200000	
(Document Number of Cor	
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following.
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional a	on "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	TO PROPERTY.
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offic	
Name of New Registered Agent: W	ichael Kram
500	10 Sw 123 Dr.
New Registered Office Address:	(Florida street address)
Mı	AMI . Florida 33177
((City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Algent:
I hereby accept the appointment as registered agent. I an	familiar with and accept the obligations of the position.
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
2	SA Sommers	20010 SW 133 Dr	
		MIAMI, FL 3317	Remove
<u>P.</u>	MIKE KERM	20010 SW 123 DR.	
		MIANUL PC 33177	☐ Remove
VP_	SA Sommers	20010 SW 123 DR MIAMIL FL 33177	Add Remove
VΡ	muce krom	20010 SW 1230R	DAA D
• .	ending or adding additional Articles	MIAMI FL 331	77
		Be specific)	
-			
		nge, reclassification, or cancellation of is ment if not contained in the amendment	
	if not applicable, indicate N/A)	ment if not contained in the amendment	itsen.
			• • • • • • • • • • • • • • • • • • • •
			

The date of each amendment	(s) adoption:	ililio.
Effective date if applicable:	(date of adoption is	required)
Enecuve date <u>ir appricable</u> :	(date of adoption is (no more than 90 days after amendme	nt file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The nu ere sufficient for approval.	mber of votes cast for the amendment(s)
	re approved by the shareholders through d for each voting group entitled to vote	n voting groups. The following statement separately on the amendment(s):
	cast for the amendment(s) was/were su	ficient for approval
by	(voting group)	·"
the amendment(s) was/wer action was not required.	re adopted by the board of directors wit	hout shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without	shareholder action and shareholder
Dated	9/1/10	
sele	a director, president or other officer – icted, by an incorporator – if in the hand ointed fiduciary by that fiduciary)	
	S. A. Somme (Typed or printed name of	f person signing)
,	(Title of person signing)	