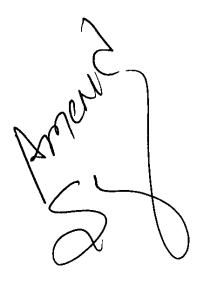
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(Re	questor's Name)
(Ad	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
	Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	HANNAH LUXURY RENTALS, INC.					
DOCUMENT NU	MBER:	P10000013734					
The enclosed Artic	cles of Amendment and f	ee are submitted for filing.					
Please return all co	orrespondence concerning	g this matter to the following:					
	HANNAH, JONATHAN						
		Name of Contact Person					
	HANNAH LUXURY RENTALS, INC.						
	Firm/ Company						
	13431 N.W. 47TH AVE.						
		Address					
		OPA LOCKA FL 33054					
		City/ State and Zip Code					
	HLUX@HANI E-mail address: (to b	VAH LUXURY RENTALS.COM					
For further inform	ation concerning this ma	tter, please call:					
HAN	NAH, JONATHAN	at (305) 685-3750					
Name	of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a chec	k for the following amou	nt made payable to the Florida Department of State:					
[7] \$35 Filing Fcc	\$43.75 Filing Fee & Certificate of Status	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					
Amendment Section Division of Corporations		Amendment Section 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

HANNAH LUXURY RENTALS, INC.

P10000013734

		Articles of Au	nendment		
1P		to Autialan of Tues			
	Articles of Incorporation of				
•	HANNAH LUXURY RENTALS, INC.				
(No.	PRINIVAL LU			et of State)	MAY TO A
(1441				or create)	10 0
	P10000013734 (Document Number of Corporation (if known)				1/2
	ovisions of section 607.1 Articles of Incorporation	006, Florida Statut	•	Profit Corporation	adopts the following
A. If amending or	use, enter the new name	e of the corporatio	<u>a:</u>		,
					The new
name must contain R. Enter new priv	o.," "Inc.," or Co.," or the word "chartered," " cripal office address, if a ldress MUST BE A STR	professional associa	ation," or the al		
(Mailing addre	iling address, if applica ss MAY BE A POST OF se registered agent and/	FICE BOX)	address is Sin	rficts, purpose that rights	ofthe
	agent and/or the new r			a sufficient and a second of supplies and supplies	
Name of N	ew Registered Agent:	HANNAH, J	ONATHAN		
		13431 N.W.	ATTH AVE.		
New Registe	ered Office Address:		ida street addres	(35)	
		OPA LOCKA	Ł	, Fiorida_3	3054
		(City)		(Zsp Code)	
	geal's Signature, if cha appointment as register			ecept the abligations of	of the position.

Signature of New Registered Agent, if changing

The date of each amendmen	of(s) ontopolism; 04/06/2010					
Effective date if applicable:	04/06/2010 (date of adoption is required)					
(no more than 90 days after amendment file date)						
Adoption of Amendment(s)	(CHECK ONE)					
	rere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.					
	vere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):					
"The number of votes	s cast for the amendment(s) was/were sufficient for approval					
by	(voting group)					
The amendment(s) was/we action was not required.	vere adopted by the board of directors without shareholder action and shareholder					
The amendment(s) was/wa action was not required.	zere adapted by the incorporators without shareholder action and shareholder					
Trace 04H	06/2010					
sel	By a director, president or other officer—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court apointed fiduciary by that fiduciary)					
	HANNAH, JONATHAN					
	(Typed or printed name of person signing)					
	(If the of person signing)					

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)

Title	Name	Address	Type of Action
	WILLIE J. JONES	13431 N.W. 47TH AVE. OPA LOCKA, FL. 33054	Add Remove
	ومی ایند و میتر میترد میتنده شده در مید و دن میترد و می و میترد و می است.		☐ Add ☐ Remove
			☐ Add ☐ Remove
	e or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
F. Man appet	edment provides for an exchange, recla	ssilication, or carcellation of iss	ued shares.
	for implementing the amountment if a applicable, indicate N/A)	of spainings in the noncoment	SCH:
(y nta	цираллине, намане IV/II ј		
			,
		The second secon	
بالا المرادة المستدامية الداد المستدارية		فالمستبط المستوفات والمستوف والمستويد والأنواطي المداعة المستونية الوافقة فتنصف فالمستويد أوالمهيد	**************************************
	and the state of t		