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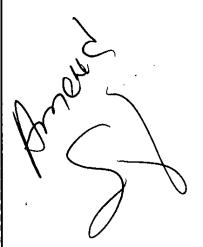


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	NAME OF CORPO	PRATION:FRE	EDOM FRIES REAL EST	ATE INC
Please return all correspondence concerning this matter to the following:    D Corona	DOCUMENT NUM	IBER: P10001	9015275	<del></del>
D Corona  Name of Contact Person  FREEDOM FRIES REAL ESTATE INC  Firm/ Company  1521 ALTON ROAD #491  Address  MIAMI BEACH, FL 33139  City/ State and Zip Code  daliza@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  D Corona  at ( 305 ) 342-8170  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  Certificate of Status  Certificat Copy (Additional copy is enclosed)  Mailing Address  Amendment Section Division of Corporations P.O. Box 6327  Cliffon Building	The enclosed Article	s of Amendment and fee a	re submitted for filing.	
FREEDOM FRIES REAL ESTATE INC  Firm/ Company  1521 ALTON ROAD #491  Address  MIAMI BEACH, FL 33139  City/ State and Zip Code  daliza@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  D Corona  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:  Street Address  Amendment Section  Division of Corporations P.O. Box 6327  Clifton Building	Please return all corr	espondence concerning thi	s matter to the following:	
FREEDOM FRIES REAL ESTATE INC  Firm/ Company  1521 ALTON ROAD #491  Address  MIAMI BEACH, FL 33139  City/ State and Zip Code  daliza@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  D Corona  Name of Contact Person  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:  Street Address  Amendment Section  Division of Corporations  P.O. Box 6327  Clifton Building	_	N		
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MIAMI BEACH, FL 33139  City/ State and Zip Code  daliza@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  D Corona at ( 305 ) 342-8170  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:  S35 Filing Fee		THEEDOW		
City/ State and Zip Code    Caliza@yahoo.com	_	1521		
City/ State and Zip Code    Caliza@yahoo.com		MIAN	ALREACH EL 33130	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    D Corona				
D Corona  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 Fee & \$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)    Mailing Address   Street Address	<u> </u>	E-mail address: (to be used	a@yahoo.com  d for future annual report notification)	
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  Certificate of Status  Certificate of Status  Certificate Opy (Additional copy is enclosed)  Certificate Opy (Additional Copy is enclosed)  Certificate Opy (Additional Copy is enclosed)  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$52.50 Filing Fee Certificate of Status Certificate Opy (Additional Copy is enclosed)  Enclosed is a check for the following amount made payable to the Florida Department of State:	For further informati	on concerning this matter,	please call:	
Enclosed is a check for the following amount made payable to the Florida Department of State:   \$\sumset\$ \$\\$35 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		D Corona Contact Person	at ( 305 ) 34	42-8170
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Amendment Section  Division of Corporations  P.O. Box 6327  Amendment Section  Division of Corporations  Clifton Building	✓ \$35 Filing Fee		Certified Copy	Certificate of Status
Tallahassee, FL 32314  Tallahassee, FL 32301	Amendment 9 Division of C P.O. Box 632	Section forporations 7	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

#### Articles of Amendment to Articles of Incorporation of

ALECANASEE PH 1:34

### FREEDOM FRIES REAL ESTATE INC.

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

#### P10000015275

(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:

		The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	or "Co". A professional corporation
3. Enter new principal office address, if a Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/ new registered agent and/or the new r		lorida, enter the name of the
new registered agent and/or the new r	egistered office address:	
Name of New Registered Agent:	UPS STORE	
	1521 ALTON ROAD	
New Registered Office Address:	(Florida street addi	ress)
	MIAMI BEACH	, Florida 33139
	(City)	(Zip Code)
lew Registered Agent's Signature, if cha	nging Registered Agent:	
		accept the obligations of the position.
	ra agent - i am tamillar with and	accept the obligations of the positic
nereby accept the appointment as registere	1105 CA	

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)

Title <u>Name</u> Address Type of Action ۷P RICHARD MAGET 16 RUE DES TROIS ARBRES ☑ Remove BRUSSELS BELGIUM 1180 **VP** R MAGET 1521 ALTON ROAD #491 ✓ Add Remove MIAMI BEACH, FL 33139 DALIZA CORONA 210 E 25TH ST 1FW NEW YORK, NY 10010 P D. Corona Miami Beach FL 33139 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	t(s) adoption: 09/01/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere 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_9/2/2	2010
Signature	h)(b
	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
арр	pointed fiduciary by that fiduciary)
	D CORONA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
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