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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Elite Recovery, Inc.
DOCUMENT NUMBER: PLOOOOD30338
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
George A Sanchez Name of Contact Person
Covert Recovery Inc Firm/Company
1581 west 49th Street #132 Address
Italeah F1 33012 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee FL 32314 Content Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of as currently filed with the Florida Dept. of State)

(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:

iame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation;" "company," or "incorporated" or e designation "Corp," "Inc;" or "Co"—A professional corporation of the abbreviation "P.A."
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the istered office address:
Name of New Registered Agent:	
New Registered Office Address:	1581 West :49 15: Street #132
	Hialeah , Florida 23012 (City) (Zip Code)
New Registered Agent's Signature, if changi	ing Registered Agent: agent. I am familiar with and accept the obligations of the positio

				title and name of		irector being
removed and t (Attach addition			each Office	er and/or Director	being added:	
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The date of each amen	idment(s) adoption: 7-28-2010 (date of adoption is required)
Effective date <u>if applic</u>	(date of adoption is required)
Enecuve date in appare	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (<u>CHECK ONE</u>)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval
hv *	
	(voting group)
The amendment(s) vaction was not requi	was/were adopted by the board of directors without shareholder action and shareholder ired.
The amendment(s) action was not requi	was/were adopted by the incorporators without shareholder action and shareholder ired.
Dated	7-28-2010
Signa	iture Teorce D Sancle
	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	George A Sanchez
	(Typed or printed name of person signing)
	President
	(Title of person signing)