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| , (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE

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COVER LETTER

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TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: SA | ME | | |
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| DOCUMENT NU | MBER:P100000320 | 13 | | |
| The enclosed Artic | les of Amendment and fee a | are submitted for filing. | | |
| Please return all co | rrespondence concerning th | is matter to the following: | | |
| | ADRIAN P P | | | |
| | 1 | Name of Contact Person | | |
| | S | AME | | |
| | | Firm/ Company | | |
| P.O. BOX 414126 | | | | |
| · | | Address | | |
| | MIAMI BEA | CH FL 33141 | | |
| • | (| City/ State and Zip Code | | |
| | - | online@gmail.com | | |
| | E-mail address: (to be use | ed for future annual report notification) | | |
| For further informa | ation concerning this matter | , please call: | | |
| ADRIAN P. | PONZIO | at (<u>786</u>) <u>319-8757</u> | | |
| Name | of Contact Person | Area Code & Daytime Tele | ephone Number | |
| Enclosed is a check | k for the following amount i | nade payable to the Florida Depart | ment of State: | |
| \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| 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 | e | |

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | SAME | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| DOCUMENT NU | JMBER: | BER:P10000032013 | | |
| The enclosed Artic | cles of Amendment and fee | are submitted for filing. | | |
| Please return all co | orrespondence concerning th | nis matter to the following: | | |
| | | ADRIAN P PONZIO | | |
| | | Name of Contact Person | | |
| SAME | | | | |
| | | Firm/ Company | | |
| 1865 JFK CSWAY 79 ST APT. 7K | | | | |
| Address | | | | |
| NORTH BAY VILLAGE FL 33141 | | | | |
| City/ State and Zip Code | | | | |
| | productserv E-mail address: (to be us | vicesonline@gmailcom ed for future annual report notification) | | |
| For further information | ation concerning this matter | , please call: | | |
| AD | RIAN P PONZIO | at (786) 3 | 19-8757 | |
| Name | of Contact Person | Area Code & Daytime Te | lephone Number | |
| Enclosed is a chec | k for the following amount i | made payable to the Florida Depar | tment of State: | |
| □\$35 Filing Fee | \$43.75 Filing Fee & 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | le | |

Tallahassee, FL 32301

Articles of Amendment to

| • | Articles of Ar | mendment | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|--------------------|-------------------------|
| | to | | | 20/2- 1/2 |
| | Articles of Inco | orporation | | SEP TO |
| (Name of Corporation as curr | ently filed with | :Ces DM - L the Florida Dept | of State) | C. ALLANASEP 3 PM 1. |
| (Document Nur | nber of Corporat | ion (if known) | | 1724 |
| Pursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation: | 6, Florida Statut | tes, this <i>Florida</i> | Profit Corporation | on adopts the following |
| a. If amending name, enter the new name o | f the corporatio | on: | | |
| | APPLICABLE | | | The new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Ĉ | $orp,$ " "Inc, " $or^{\hat{i}}$ | 'Co". A profess | ional corporation |
| B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS | | 1865 JFK CS | SWAY 79 ST / | APT 7K |
| <u></u> | <u> </u> | NORTH BAY | VILLAGE FL | |
| | | 33141 | | <u>.</u> |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | SAME AS AB | OVE | |
| | | | | |
| D. If amending the registered agent and/or new registered agent and/or the new regi | | | da, enter the nar | ne of the |
| Name of New Registered Agent: | ADRIAN P P | ONZIO | | |
| New Registered Office Address: | | SWAY 79 ST A ida street address, | | |
| | NORTH BAY | | | 33141 |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing thereby accept the appointment as registered a | | | ant the ablication | as of the position |
| польну иссерь те ирропители из гедилегей и | gem. ji ym jami | шиг жин ини исс | грі інк овиданоп | is of the position. |
| <u></u> | ignature of New | Registered Agent | if changing | |
| ۵ | ignulare of New | Kegisterea Agent | , ij cnanging | |

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 |
|--------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|
| <u>P</u> | JOHANNA D PONZIO FLE | 1959 NW 50 ST MIAMI FL 33142 | ☐ Add ☑ Remove |
| <u>P</u> | ADRIAN P PONZIO | 1865 JFK CSWAY 79 ST APT 74 NORTH BAY VILLAGE FL 33141 | ✓ Add □ Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter of tional sheets, if necessary). (Be specificable) | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | |
| | | | |
| provisions | ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A) | | |
| NO APPLIC | ADLE | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: <u>Al</u> | JGUST 18 2010 |
|---------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: | 08/18/2010 | (date of adoption is required) |
| | (no more than 9 | 00 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CH</u> | IECK ONE) |
| The amendment(s) was/we by the shareholders was/w | | shareholders. The number of votes cast for the amendment(s) approval. |
| | | ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amen | dment(s) was/were sufficient for approval |
| by | (voting group) | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (voling 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_08/1 Signature | 18/2010 | |
| (By | | lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| | | ADRIAN P PONZIO |
| | (Ty _l | ped or printed name of person signing) |
| | | PRESIDENT |
| | (Title o | f person signing) |
| | | |