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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CODD | oration β 4 | l R DISTRIBUTOR | Corp |
|-------------------------|--|---|---|
| NAME OF CORP | UKATIUN: | | · · · · · · · · · · · · · · · · · · · |
| DOCUMENT NUI | MBER: | 000 47690 | |
| The enclosed Articl | les of Amendment and fee a | are submitted for filing. | |
| Please return all con | respondence concerning th | is matter to the following: | |
| _ | Miriam | Faedo | · · · · · · · · · · · · · · · · · · · |
| | N | Name of Contact Person | |
| | | | |
| _ | • | Firm/ Company | |
| | | | |
| _ | 17.600 NW | 77 CT | ************************************** |
| | | Address | |
| _ | Maui R | 13015 | |
| | C | City/ State and Zip Code | |
| | FAED 0 13 0 E-mail address: (to be use | Accicons. Ed for future annual report notification) | |
| For further informa | tion concerning this matter, | please call; | |
| MIVIAN | Faedo | at (305) 300-7 | 205 |
| | of Contact Person | at (<u>305</u>) <u>300 - 7.</u> Area Code & Daytime Tel | ephone Number |
| Enclosed is a check | for the following amount n | nade payable to the Florida Depart | 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 Ad Amendment | | Street Address | |
| Amenameni | LOCULOR | Amendment Section | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| | Articles of Incorp | oration | | |
|--|------------------------|---------------------------------------|---------------------------------------|---------------|
| | of | _ | 469m > | **** |
| BUR Dis | STribUTOR | CORP | State) | AN 9. |
| (Name of Corporation as cur | rrently filed with the | Florida Dept. of | State) | 5 |
| (Document No. | 0,47490 | 1 | · · · · · · · · · · · · · · · · · · · | A/S |
| (Document No | umber of Corporation | (if known) | | ~ |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation | | this <i>Florida Pro</i> | ofit Corporation adopts | the following |
| A. If amending name, enter the new name | of the corporation: | | | |
| | • | | TI | he new |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p | he designation "Corp, | ," "Inc," or "Co | ". A professional corp | |
| B. Enter new principal office address, if a | | | | |
| (Principal office address <u>MUST BE A STRE</u> | EET ADDRESS) | A | | |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF) | | | | |
| D. If amending the registered agent and/or new registered agent and/or the new re | gistered office addres | ss: | | |
| Name of New Registered Agent: | MICIAN 17600 NO | Faedo | | |
| | 17600 NO | ル ファ で | <u>T</u> | |
| New Registered Office Address: | (Florida . | street address) | | |
| | Mani | | , Florida_ 330/3 | ſ |
| | (City) | • | (Zip Code) | |
| | * - 179 1.4 11 A | . 4. | | |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered | | | the obligations of the po | sition. |
| Thereby accept the appearance as registered | | | | |
| - | Signature of New Key | gistered Agent, if | changing | |
| | | N Fuec | | |

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 |
|--------------|---|--------------------------------------|--|
| | Mirian Faedo | 17600 NW 77 ET MIGNI FC 33015 | _ |
| <u> </u> | Engelberts Faccho | 17.600 NW 77 CT MIGNI FC 33015 | ☐ Add Remove |
| VP | Engel berjo Faedo | 1760= NW 77 CF MIGMI FC | and the same of th |
| | ding or adding additional Articles, ento dditional sheets, if necessary). (Be spe | | |
| | | | |
| provisi | mendment provides for an exchange, recons for implementing the amendment in the applicable, indicate N/A) | | |
| | | | |
| | | | |
| · · · · | | and the second of the | |

| The date of each amendment(s) adopt | tion: 7/24/2010 (date of adoption is required) |
|--|---|
| Post Adam date to a subtraction | (date of adoption is required) |
| Effective date if applicable: (no mor | re than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopte by the shareholders was/were suffic | d by the shareholders. The number of votes cast for the amendment(s) ient for approval. |
| | red by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the | he amendment(s) was/were sufficient for approval |
| by(voting g | .,, |
| (voting g | group) |
| The amendment(s) was/were adopte action was not required. | d by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopte action was not required. | d by the incorporators without shareholder action and shareholder |
| Dated 8 | 124/2010 |
| Signature | |
| (By a director selected, by a | or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary) |
| | Miriam Faedo (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |