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SEGRETARY OF STATE TALL'AHASSEE, FLORIDA

Amend/cus (10/1/0

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: $BEVE$	ERAGE CA	STLE INC	
DOCUMENT NUMBER: P100	0006615	-9	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
SEETA 6 Name of	PATADHAK Contact Person	SINGH	
BEVERAG	E CASTA /Company	EINC	
7661 WIIL	OW PARK Address	DR	
TAMPA F	ZORZDA =	33637	
J. GAJADHARSINGH & AOL. CONT E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person	at (8/3) 293 Area Code & Daytime Tele	580) phone Number	
Enclosed is a check for the following amount made p	ayable 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)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Name of Corporation as currently filed with the Florida Dept. of State Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follow amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." NORTH LAKE BLVD. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NORTH LAKE BLVI) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ABOUBACIZINE A ABOON SALAM Name of New Registered Agent: 8 NORTH LAKE BLVI)
(Florida street address) New Registered Office Address: PLANT CITY , Florida 33567
(City) (Zin Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Name	,	
	Address	Type of Actio
ABOUBACKONG A.	5641 ASHLEY C AM DR. TAMP FL. 33617	Add Remove
ABOUBACRINE A. ABOW SALAN	5641 ASHE 10, DR TAMPA PL 33617	9KC □ Add □ Remove
ABOUBACENE A. ABDON SALAM	5641 ASHLEY DR TAMPA F1 33617	Add Remove
NA	,	
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ns for implementing the amendment		
4//	70-	
741	<u>#:</u>	
		<u> </u>
	ABOUBACRINE A, ABOUBACRINE A. ABOUBACRINE A. ABDOU SALAM ing or adding additional Articles, end ditional sheets, if necessary). (Be specified in the second and the second area of the second applicable, indicate N/A)	ABOUBACRINE A. SHI ASHLEY D. PROUBACRINE A. DR. TAMPA PL 33617 ABOUBACRINE A. SHI ASHLEY A. DR. TAMPA FI 33617 Ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific) A. A

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** Name PRESIDENT SERTA GAJADHAR 760/ WILLOW Add STNGH PARK DR TAMPA TREMOVE PL 33637 SECRETOR SEETA GASTADHARS NON 7601 WISHOW Add DEFECTOR SEETA GASTADHARS NON 7601 WITHOUTARK Add DE TAMPA PREMOVE PL, 33637 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) a	doption: <u>08 3/ 20/0</u>
• •	(date of adoption is required)
Effective date <u>if applicable</u> :	09.01.2010
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vot	ing group)
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder
(By a di selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
<u> </u>	(Typed or printed name of person signing)
	PRESEDENT
	(Title of person signing)