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COVER LETTER

TO: Amendment Section ' Division of Corporations	*
NAME OF CORPORATION: AZIMUTA	DONSULTANTS, INC.
DOCUMENT NUMBER: P100000 6	8906
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
JOHAN MI	of Contact Person
	TH CONSULTANTS, INC
7300 NW 1147	HAVE, SUITE 209
	33178 ate and Zip Code OUTANTS & GMAIL. COM uture annual report notification)
For further information concerning this matter, please	se call:
JOHAN MOVEWS Name of Contact Person	at (786) 554 30 50
Enclosed is a check for the following amount made	Area Code & Daytime Telephone Number payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

AZIMUTA CONSULTANTS, INC

2011 MAY 18 PM 1:21

(Name of Corporation as currently filed with the Florida Dept. of State) ECRETARY OF STATION PRODUCTION (In Comparison (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:

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,"	
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
	<u></u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		
). If amending the registered agent and/or r	egistered office address in l	Florida, enter the name of the
). If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		Florida, enter the name of the
new registered agent and/or the new regis		
new registered agent and/or the new regis	tered office address:	dress)
new registered agent and/or the new regis	tered office address:	

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>	<u>Address</u>	Type of Action
P	Johan Horelas	7300 NW 114 Ave Doral, FL, 3317B #209	. ½ Add □ Remove
CEO	Hemberth Salatar	653 NW 102 PL	Add Remove
			Add Remove
	ling or adding additional Articles, enter idditional sheets, if necessary). (Be spec		
<u>provisio</u>	nendment provides for an exchange, recons for implementing the amendment if or applicable, indicate N/A)		

The date of each amendment(s) adoption: May 13 / 204
Effective date if applicable: Hay 6 / 2011
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated May 13/2011 Signature Lann Clewson
Signature Communication Clean
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Johan Hovelss (Typed or printed name of person signing)
(Typed or printed name of person signing)
President. (Title of person signing)
(Title of person signing)