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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 43.75 Filing Fee & ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 of

of	=
ONE JUV INC.	SECH SECH
(Name of Corporation as currently filed with the Florida Dept. of State)	45 95
D100000841928	CO
(Document Number of Corporation (if known)	4504 1504
	Â
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the formal amendment(s) to its Articles of Incorporation:	ollow
A. If amending name, enter the new name of the corporation:	
The ne	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to 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."	he
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
No CHANGE	
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:	
Name of New Registered Agent: No CHANGE	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip 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	n.
Signature of New Registered Agent, if changing	

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
Sec	PHILIPPE RIVEST GAS	SABN 613 EVERGICZEN PANAMA CHYBEACH 32407	T Add FL □ Remove
			
	ling or adding additional Articles, if necessary). (Be		
provisio	nendment provides for an exchang		
	ot applicable, indicate N/A)	NO)

The date of each amendment(s) adoption:	NOV-2-2010
Effective date if applicable:	(date of adoption is required)
	0 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
	c shareholders through voting groups. The following statemen 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)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
DatedOU	-2-200
	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)
$ \frac{\sum_{O}}{(Ty)}$	ped or printed name of person signing)
(Title o	Ferson signing)