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EXAMINATION

COVER LETTER

N.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EUGABETA JOY SUBSTIPA DOCUMENT NUMBER: P100000881109
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elisabeth Sabol-Dono Name of Contact Person
Firm/ Company
Len votr are N
Lake Worth Ft 334(00) City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eli Galocth Dono at (54) 797 0188 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

SECULIARY OF STATE HOLLARY OF STATE HOLLARY OF CONFURNITY	
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14 AUG - 1 AM 10: 314 with the Florida Dept. of State) (Document Number of Corporation (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:				
A. If amending name, enter the new name of the	corporation;			
Eligabeth Joy S	Sabol-T	ano PA		The nev
name must be distinguishable and contain the				abbreviation
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t			corporation name mus	t contain the
B. Enter new principal office address, if applica	ble:	(011 18TV	ave N	
(Principal office address <u>MUST BE A STREET A</u>		Lave In	lavta Fi	
		32400	WIT THE	
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	PAV)			
(maining dudress MAT BE A FOST OFFICE)	<u> </u>			
				_
				_
D. If amending the registered agent and/or regis			he name of the	
new registered agent and/or`the new register	<u>ed office address</u>	<u>i</u>		
Name of New Registered Agent				
	(Florida str	and reddmann)		
	(Fibrial Sir			
New Registered Office Address:	(City)	, F	Florida(Zip Code)	_
N 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	<mark>legistered Agent:</mark> 1. I am familiar v	with and accept the obli	igations of the position	1.
	•			
Signature of	New Registered A	gent, 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)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		 -		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	cles, enter change(s) here: (Be specific)
16 am a march of the first	3. 37. 11. 33. 41. 3.
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

FIGURES
SERRETARY OF STATE
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption:	HVISION OF CORPORATION	, if other than the
date this document was signed.	14 AUG - 1 AM 10: 31	
Effective date if applicable:	00.1	
(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 by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval	
by	.,,	
(voting group)		
The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder	
Dated 7/30/2014		
	ficer – if directors or officers have not been	
selected, by an incorporator — if in t appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court y)	
Eligabeth (Typed or	Joy Gabol - Dono, PA printed name of person signing)	
<u> </u>	VESIDENT Fitle of person signing)	