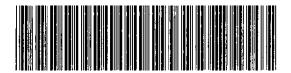
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Amend & N. C. C.COULLIETTE

MAY 1 0 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Innovative Enterprises USA, Inc.				
DOCUMENT N	J MBER:	P 10000096229	·			
The enclosed Arti	cles of Amendment and fee	are submitted for filing.				
Please return all co	orrespondence concerning th	nis matter to the following:				
	Michael King					
	}	Name of Contact Person				
Firm/ Company						
18243 sw 149 place						
Address						
Miami, Florida 33187 City/ State and Zip Code						
innovativeent@me.com E-mail address: (to be used for future annual report notification)						
For further informa	ation concerning this matter,	, please call:				
	Michael King	at (305) 61	0-3581			
Name of Contact Person		at (<u>305</u>) 61 Area Code & Daytime Tele	phone Number			
Enclosed is a chec	k for the following amount r	nade payable to the Florida Departs	ment 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 Address 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

INNOVATIVE	ENTERPRISE	S USA INC		
(Name of Corporation as cu	rrently filed with	the Florida Dep	t. of State)	
P	10000096229			
(Document N	lumber of Corporat	tion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <i>Florida</i>	Profit Corporation adopts the	following
A. If amending name, enter the new name	e of the corporatio	n:		
	NTERPRISES (The n	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	Corp," "Inc," or	"Co". A professional corporat	the ion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u>18243 SW 1</u>	49 PLACE	
		MIAMI, FLORIDA 33187		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		18243 SW 14		
D. If amending the registered agent and/o new registered agent and/or the new r			ida, enter the name of the	
Name of New Registered Agent:	MICHAEL W. KING			
New Registered Office Address: (Florida street address)			 s)	
	MIAMI	_	, Florida 33187	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chair I hereby accept the appointment as registere	nging Registered A ad agent. I am faff	gent. high with and de	cept the obligations of the position	on.
	Signature of New	Registered Ager	if changing /	7

Page 1 of 3

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
<u>P</u>	MICHAEL W. KING	18243 SW 149 PLACE MIAMI, FLORIDA 33187	
<u>VP</u>	ADRIANA KING	18243 SW 149 PLACE MIAMI, FLORIDA 33187	
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)	reclassification, or cancellation of It if not contained in the amendme	issued shares, nt itself: