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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

			1
NAME OF CORPO	DRATION: UM	EKORO.	LIZZA IN
DOCUMENT NUM	IBER: 1100	2002000) 7
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
K	DAK-EL (Name o	Contact Person)	AS
	NOLE /	RORD F'S	ZZAINC
1	298 N.E	128H 8 Address)	Freet #16
	Josh JJ	idalli Januari	10 33/6/
K	ANIFIC	ed for future armual report notifi	W. Com
For further information	on concerning this matter, pleas	e call:	
KOLL- (Name	of Contact Person)	2S at (354) S (Area Code & Dayt	30-7603 ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	nt 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)
	ng Address	Street Address	,

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4. E. 128 H. S. C. 128 H. S.
North MiaMiTes
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Suite # MinMi, Fl. 33/
1 × 0 (10 5 5 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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: LHB///EH/V DA/SWSW
New Registered Office Address: (Florida street address)
(City), Florida (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. CARINE TEAN Babliste 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)

Title,	Name	<u>Address</u>	Type of Action
St	ROCK-ELIE Hom	ex 1298 N. F. 129H	Z□ Add
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St	CARLINE INBANT	Ne /215 N. E. 12	Add Add
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			Add
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E. <u>If amendir</u>	ng or adding additional Articles, enter cl		
(attach add	itional sheets, if necessary). (Be specific		
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The date of each amendment(s) adoption:
(date of apopton is required)
(no more than 90 days after amendment file date)
(no more than 90 days after amenament fite date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $03 - 02 - 2011$
Signature (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator \ if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
(Typed of printed name of person signing)
Chairmain & C.E.O
(Title of person signing)