P11000036512

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W.C.-C.COULLIETTE

APR 25 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NIFERY	YE GRAPHIC DESIG	NINC
DOCUMENT NUMBER: P1100003	6512	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Juan P. River	ame of Contact Person	
NIFERYE GRAP	HIC DESIGN INC	
1212 Sandes +	in Way	
Orlando Fl 3		
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter,	please call:	
Juon P. Rivera	at (<u>407</u>) <u>947 - 6</u> Area Code & Daytime Tele	5241
Name of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount m	ade payable to the Florida Depart	ment of State:
☐ \$43.75 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 Articles of Incorporation of

NIFERYE	E GRAPHIC	DESIGN	INC		
(Name of Co	rporation as currentl	y filed with the F	lorida Dept. o	of State)	
	P1100003	6512			
	(Document Number	r of Corporation (i	f known)		
Pursuant to the provisions amendment(s) to its Articles		Florida Statutes, th	nis <i>Florida Pi</i>	rofit Corporation adop	ots the following
A. If amending name, ento	er the new name of th	e corporation:			
NIFERDES	16NS INC				_The new
abbreviation "Corp.," "Inc name must contain the word B. Enter new principal off (Principal office address M C. Enter new mailing add (Mailing address MAY)	"chartered," "profess ice address, if applica UST BE A STREET A	sional association, able: (DDRESS) ——			SECRETARY OF STATE OF CORPORAGIN
D. If amending the registenew registered agent an Name of New Registered Office	nd/or the new register ered Agent:	ed office address		a, enter the name of the	- - <u>he</u>
				, Florida	
		(City)		(Zip Code)	
Now Registered Agent's Si	ansture if changing I	Registered Agent:			

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.

Signature of New Registered Agent, if changing

	<u>Name</u>	Address Type of Action
<u>tle</u>		
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		□ Add
		
	v	☐ Remove
	nding or adding additional Artical Art	
-	THE STATE OF THE S	
		
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<u>provis</u>	mendment provides for an excl ions for implementing the amer	
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<u>provis</u>	mendment provides for an excl ions for implementing the amer	hange, reclassification, or cancellation of issued shares,

The date of each amendment	
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>if applicative</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voiing group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated X. C	1/20/2011
Signature 7	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Juan P. Rivera
	(Typed or printed name of person signing)
	President
	(Title of person signing)