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(((H12000235801 3)))



H128002358013ABCV

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: KATZ BASKIES LLC

Account Number : I20080000071

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ORIAL MANAGEMENT INCORPORATED

Certificate of Status	0
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Page Count	05
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Orial Management Incorporated	
DOCUMENT NUMBER: P11000055035	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas O. Katz	
Name of Contact Person	
Katz Baskies LLC	
Firm/ Company	
2255 Glades Road Suite 240W	
Address	
Boca Raton, FL 33431	
City/ State and Zip Code	
thomas,katz@katzbaskies.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Thomas O. Katz Name of Contact Person Area Code & Daytime Telephon	
Name of Contact Person Area Code & Daytime Telephon	io Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certif	s
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	



September 28, 2012

PLORIDA DEPARTMENT OF STATE

Division of Corporations

ORIAL MANAGEMENT INCORPORATED 20900 NE 30 AVE 610 AVENTURA, FL 33180

SUBJECT: ORIAL MANAGEMENT INCORPORATED

REF: P11000055035

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.6906

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000235801 Letter Number: 312A00024232



September 27, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ORIAL MANAGEMENT INCORPORATED 20900 NE 30 AVE 610 AVENTURA, FL 33180

SUBJECT: ORIAL MANAGEMENT INCORPORATED

REF: P11000055035

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

FAX Aud. #: H12000235801 Letter Number: 012A00024108

Articles of Amendment to

Articles of Incorporation of	
Orial Management Incorporated	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000055035	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation:	(s) to
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the 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."	
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)	
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	inconst.
(Florida street address) New Registered Office 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.	
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)

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.

X.Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Iones	
_X Add	SY Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Springboks Consulting LLC	20900 NE 30 Ave Suite 610
X Remove			Aventura, FL 33180
2) Change	PST	Alan Azizollahoff	20900 NE 30 Ave Suite 610
X Add		-	Aventura, FL 33180
Reinove 3) Change	VP	Daniel Rosenthal	20900 NE 30 Ave Suite 610
X Add			Aventura, FL 33180
4) Change Add Remove			
5) Change Add			
Remove 6)ChangeAddRemove			
			· · · · · · · · · · · · · · · · · · ·

	ng or adding additional A ditional sheets, if necessary	y). (Be specific)	*	
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	Market 1			
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 			<u>. </u>	
	ndment provides for an e	amendment if not con	tion, or cancellation of tained in the amendme	issued shares, at itself:
provision	ot applicable, indicate N/A	.,		
provision	ot applicable, indicate N/A			
provision	ot applicable, indicate N/A			
provision	ol applicable, indicale N/A			
provision	ol applicable, indicate N/A			
provision	ol applicable, indicate N/A			
provision	ot applicable, indicate N/A			

The date of each amendment(s) adoption: 9252012 Effective date it applicable: 9252012 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amundment(a) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(a) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by"
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Dated
Signmture All All All All All All All All All Al
(By a dhoots) president or other officer - indirectors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Aian Azizoilahoff
(Typed or printed name of person signing)
President
(Title of percent steming)