P11000062434

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
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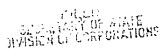
COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: NIMERLEY CORP. P11000062434 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN I. CABRERA Name of Contact Person Firm/ Company 8040 NW 95 STREET, SUITE 105 Address HIALEAH GARDENS. FL 33016 City/ State and Zip Code INFO@ACCOUNTING2EASY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN I. CABRERA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NIIMERLEY CORP

14 SEP 15 PH 3: 00

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P11000062434	
(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fa</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation on the abbreviation of the abbreviation the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent New Registered Agent	
8040 NW 95 STREET, SUITE 105	5, HIALEAH GARDENS, FL33016
(Florida stree	et 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 wi	

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address of each Officer (Attach additional sheets, Please note the officer/did P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo lin the fo wes the c	virector be sary) le by the fir t; T= Trea Financial (or would b llowing me orporation	ing added: st letter of the office title: surer; S= Secretary; D= Director; TR= Officer. If an officer/director holds mode e PTD. anner. Currently John Doe is listed as to standy Smith is named the V and S. The	eer/director being removed and title, name, and = Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office he PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	2	
X Remove	<u>V</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р		ANJILYS MERA	8040 NW 95 STREET, SU
Add				HIALEAH GARDENS, FL 3
Remove				
2) Change	Р		JUAN I. CABRERA	8040 NW 95 STREET, SU
Add				HIALEAH GARDENS, FL 3
Remove				
3) Change				
Add		,		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		······

Remove

	adding additional Arti al sheets, if necessary).	(Be specific)			
/A					
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•					

If an amendme	nt provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions for	implementing the ame	ndment if not con	tained in the amen	dment itself:	
(if not app	licable, indicate N/A)				
/A					
*.					
		· · · · · · · · · · · · · · · · · · ·	,		

The date of each amendment(s) adoption:	A TANK OF STATE	, if other than the
date this document was signed.	NAMES CORPORATIONS	
Effective date if applicable:	14 SEP 15 PM 3: 00	····
(no more	than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	s. The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entite		
"The number of votes cast for the amendment(s) was	as/were sufficient for approval	
by(voting group)	.,,	
(voting group)		
The amendment(s) was/were adopted by the board of dir action was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporator action was not required.	rs without shareholder action and shareholder	
Dated 09/09/2014 Signature		
(By a director, president or other	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)	
JUAN I. CABRER	:A	
(Туре	ed or printed name of person signing)	
PRESIDENT		
	(Title of person signing)	