## P11000085943

| (Request                       | or's Name)      | <del> </del> |
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| (Address)                      | )               |              |
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AMUNDA

## Articles of Amendment to Articles of Incorporation of

| If amending pame, enter the new name of the corporation:  we new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | · the       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  [Document Number of Corporation (if known)  [It amending name, enter the new name of the corporation:  [If amending name, enter the new name of the corporation:  [If amending name, enter the new name of the corporation:  [If amending name, enter the new name of the corporation:  [If amending name, enter the new name of the corporation:  [If amending name, enter the new name of the corporation | · the       |
| (Document Number of Corporation (if known)  resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  e new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional carpora me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · the       |
| (Document Number of Corporation (if known)  resuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  e new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional carpora me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · the       |
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| te new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporate must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the<br>tion |
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| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| 200 1 0 g 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| 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 time Perigrand Agents ATTINET TYAY TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
| Name of New Registered Agent: ARDLIL HALIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
| 13506 SUMMERPORT VII LAGE PKWY #723                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| (Florida street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| New Registered Office Address: WINDERMERE , Florida 34786                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| (City) (Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
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| w Registered Agent's Signature, if changing Registered Agent;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
| ereby accept the appointment as physistered agent. I am familiar with and accept the obligations of the position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N7L         |
| × III w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
| X Signature of New Registered Agent, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
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| en de la composition de la composition<br>La composition de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |

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## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

| Title(s)      | <u>Name</u>                                       |                 | Address                                                          |
|---------------|---------------------------------------------------|-----------------|------------------------------------------------------------------|
| 1) <u>P</u>   | ABDUL HALIM                                       |                 | 13506 SUMMERPORT VILLAGE PKWY<br>UNIT 723<br>WINDERMERE FL 34786 |
| 2) <u>MGR</u> | ATIF HALIM                                        | _               | 13506 SUMMERPORT VILLAGE PKWY<br>UNIT 257<br>WINDERMERE FL 34786 |
| 3)            | <del>, , , , , , , , , , , , , , , , , , , </del> | <u> </u>        |                                                                  |
| 4)            |                                                   | <del></del>     |                                                                  |
| 5)            |                                                   | <del></del>     |                                                                  |
| 6)            |                                                   | <del></del>     |                                                                  |
| If REMOVING   | G an officer and/or director, please list the     | e title(s) and  | name of the officer/director to be removed:                      |
| Title(s)      | <u>Name</u>                                       | <u>Title(s)</u> | <u>Name</u>                                                      |
| 1) <u>P</u>   | CONTEGO INVESTMENT LLC                            | 4)              | <del></del>                                                      |
| 2)            |                                                   | 5)              |                                                                  |

3)\_

| If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |   |                                       |
|--------------------------------------------------------------------------------|---------------|---|---------------------------------------|
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| F.         | If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                                                                                                                                                                                                                      |
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|            |                                                                                                                                                                                                                      |
| The        | date of each amendment(s) adoption: DECEMBER 9, 2011                                                                                                                                                                 |
|            |                                                                                                                                                                                                                      |
| Cff        | ective date if applicable:                                                                                                                                                                                           |
|            | (no more than 90 days after amendment file date)                                                                                                                                                                     |
|            | ;                                                                                                                                                                                                                    |
| <b>\d</b>  | option of Amendment(s) (CHECK ONE)                                                                                                                                                                                   |
| <b>7</b>   | The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                           |
| <b>3</b> ? | The amendment(s) 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 cast for the amendment(s) was/were sufficient for approval                                                                                                                                      |
|            | hv · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                             |
|            | by                                                                                                                                                                                                                   |
|            |                                                                                                                                                                                                                      |
| ? لــ<br>8 | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ction was not required.                                                                                       |
| ] 7<br>a   | he amendment(s) was/were adopted by the incorporators without shareholder action and shareholder ction was not required.                                                                                             |
|            | ;<br>;                                                                                                                                                                                                               |
|            | Dated DECEMBER 9, 2011                                                                                                                                                                                               |
|            |                                                                                                                                                                                                                      |
|            | Signature (By a disperse, president or other officer – if directors 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)                                                                                          |
|            | ABDUL HALIM                                                                                                                                                                                                          |
|            | (Typed or printed name of person signing)                                                                                                                                                                            |
|            |                                                                                                                                                                                                                      |
|            | PRESIDENT                                                                                                                                                                                                            |
|            | (Title of person signing)                                                                                                                                                                                            |