## 7110000090410

(Requestor's Name)			
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(City (Chata (Zin/Dhana 40)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corpo							
NAME OF CORPORATION: ENDIMIANI TOLVE CORP.							
DOCUMENT NUMB	D440000004						
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this matter to the following:							
<u>.</u>	ALBERTO ENDIMIANI						
	Name of Contact Person						
_	ENDIMIANI TOLVE CORP.						
	Firm/ Company						
<del>-</del>	12395 PEMBROI	KE ROAD					
		Address					
_	PEMBROKE PIN	<u> </u>					
		City/ State and Zip Code	<b>:</b>				
ALBERTO.ENDIMIANI@HOTMAIL.COM							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ALBERTO ENDIMIANI							
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
S35 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		Street Address					
	ndment Section ion of Corporations	Amendment Section Division of Corporations					
	Box 6327	Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

FILED

## ENDIMIANI TOLVE CORP.

14 APR -3 PH 1:45

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORIDA P11000090410 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: ALBERTO ENDIMIANI Name of New Registered Agent 12395 PEMBROKE ROAD (Florida street address) PEMBROKE PINE New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. V om 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	<u>PT</u>	John Doe				
X Remove	<u>Y</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	RA		LUISA LANDRIANI	2000 BAY DRIVE #202		
Add				MIAMI BEACH, FL 33141		
Remove						
2) Change		<b></b>				
Add						
Remove						
3) Change						
Add						
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4) Change		<del></del>				
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5) Change						
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6) Change						
Add		_				
Remove				· · · · · · · · · · · · · · · · · · ·		
Kensove						

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provi	mendment provide sions for implemen if not applicable, ind	ting the amend	nge, reclassifi Iment if not c	cation, or can ontained in th	cellation of iss e amendment	ued shares, itself:	
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 3/29/2014	
Effective date if applicable.	after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by(voting group)	,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shaction was not required.	areholder action and shareholder
Dated 3/29/2014	
Signature ALBERTO ENDIMIANI	
(By a director, president or other officer – is selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	
ALBERTO ENDIMIANI	
(Typed or printed	name of person signing)
DIRECTOR	
(Title of	person signing)

14 APR -3 PH 1: 45
SECRELARY OF SIME