11000092854

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Lucinose Linus, Name)					
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Amend + N.C.

NOV 01 2011

EXAMINER

Division of Corporations NAME OF CORPORATION: Universal Ivon Work Incorporated P110000 92854 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: MOI (sarcia at (786) 370-4964

une of Contact Person at (786) 370-4964

Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

of
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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) Dot 48 Miami, Fl 33155
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) POt 48 Wiami F1 33155
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: O/A
New Registered Office Address: (Florida street address)
(City) , Florida
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.
Thereby accept the appointment as registered agent. The following with and accept the obligations by the position.
Signature of New Registered Agent, if changing

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ D
			Add Remove
	ending or adding additional Articles, additional sheets, if necessary). (Be		
<u>provi</u>	amendment provides for an exchang sions for implementing the amendment of not applicable, indicate N/A)	e, reclassification, or cance ent if not contained in the a	llation of issued shares, mendment itself:
	noi applicable, malcale IVA)		
	NJA		
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(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)
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.
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
by"
by" (voting group)
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 October 25 th , 2011
Signature (By a director, 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)
Or lando T. García (Typed or printed name of person signing)
(Title of person signing)