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(Ro	equestor's Name))
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(D	ocument Number	•)
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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Amend + Mc

JUN - 8 2012 T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		TEACHE, J	ENC.
	f Amendment and fee are su		
Please return all corresp	ondence concerning this mat	ter to the following:	
_	Mari	ana Cezar C	
_		Firm/ Company	
-	6001 TW	Address City/ State and Zip Code	#106
	Orland	City/ State and Zip Code	835
	MARIANAOVALU E-mail address: (to be us		
For further information	concerning this matter, pleas	e call:	•
MARIANA	OVALLE	at (407	1427-3559
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahasana FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building

Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



MEFETEACHE, INC.

(Name of Corporation as currently filed with the l	Florida Dept, of State)
PI2ØØØØ1	4116
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
INVESTMENTS OF ORIG	ando, INC. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6001 Twain St. #106
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Oplando, Fr 32835
C. Enter new mailing address, if applicable:	Con Takin strept #106
(Mailing address MAY BE A POST OFFICE BOX)	Oplando, FC 32835
	URIANAU, PC 32833
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Mariana	
	Street #106
(Florida si	treet address)
New Registered Office Address: ORland	.O , Florida 32835 (Zip Code)
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Manages	alle
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.

Example: X_Change	<u>PT</u> John	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	IGOR GONCALVES	6104 FROGGATT St ORLANDO, FL 32835
2) Change Add Remove	P	CICERO LEONEL	6001 Twain St. # 106 ORLANDO, FL 32835
3) Change Add Remove	VP	MARIANA CEZAR OVALLE	6001 Twain St. # 106 ORLANDO, PC 32839
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

iaen ada	itional sheets, if necessary). (Be specific)	
	N/A	
<u>an amen</u> rovision	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not	applicable, indicate N/A)	
	N/A	

The date of each amendment(s) adoption: 06 04 2012
Effective date if applicable: 06 04 12012
(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"
(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 00/04/2012
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)
Cicero Leonel (Typed or printed name of person signing)
(Typed or printed name of person signing)
Vice Presidente
(Title of person signing)