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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

11 /19/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Elizabeth Debbie Aiu, Inc.
DOCUMENT NUMBER: P12000015415
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Aiu Name of Contact Person Elizabeth Debbie Aiu, Inc. Firm/Company 6759 Green Island Circle Address Lake Worth, FL 33463 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elizabeth Aiw 350 - 9857
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

• • •	Articles of Amendme	ent	
	to Articles of Incorporat	ian	FILED
	of	ion :	ph 4: 39"
Flizabeth	Debbie.	Amme	VIE PM 4: 39"
(Name of Corporation as currently	filed with the Florida D	ept. of State	LIANTE FLORIDA
P12000	2015415	TALLA	HASSEE, FLORIDA
(Document Number o	f Corporation (if known)	14.0	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this <i>Florida</i> i	Profit Corporation (adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
		- <u>-</u>	The new
name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc." or "Co". A	npany." or "incorp professional corpor	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ואי		
MAT BE A FOST OFFICE BU	<u></u>		<u> </u>
D. If amending the registered agent and/or registe	red affice address in Fl	orida enter the na	me of the
new registered agent and/or the new registered		oridar chief the ha	are of the
Name of New Registered Agent	abeth Del	oble Aiu	ž
6759	Green Is	sland Ci	r.
 -	(Florida street addres	s)	
New Registered Office Address: LOK	1 Worth	, Florida	33463
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent	I am famifiar with and a	eccept the obligation	ns of the position.
~ \			-
/\ Signature of No	w Registered Agent, if c	hanging	

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u> <u>Randall Aiu</u>	4759 Green Island Cir
Add		Lake Worth,
Remove		FL 33463
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or a Attach additiona	adding additional Art l sheets, if necessary).	icles, enter chai (Be specific)	ige(s) here:		
				 	
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	<u>-</u>				
f an amendmen	t provides for an exch mplementing the ame	nange, reclassifi ndment if not c	cation, or cancel	lation of issued	shares,
(if not appli	cable, indicate N/A)				_
				•	
• .					

The date of each amendment(s) adoption:
Effective date if applicable: 9/11/12
(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)
(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 1115/17
Signature Y
(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)
the state of the s
Elizabeth D. Alu
(Typed or printed name of person signing)
Pres.
(Title of person signing)