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Special Instructions to Filing Officer:			
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMEN	TT NUMBER: P12000019377
The enclosed	Articles of Amendment and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	FRANTZ MACHOULE
	Name of Contact Person
	F&E REDEMPTION ACCOUNTING MANAGEMENT INC
	Firm/ Company
	5270 GOLDEN GATE PKWY STE 115
	Address
	NAPLES, FL 34116
	City/ State and Zip Code
	REDEMPTIONAM1220@GMAIL.COM
	E-mail address: (to be used for future annual report notification)

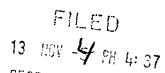
For further information concerning this matter, please call:

FRANIZ MA	ACHOULE	_{at (} 239	, 213-0227
Name of	Contact Person	Area Co	ode & Daytime Telephone Numb
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



to

F&E REDEMPTION ACCOUNTING MANAGEMEN TO THE STATE OF STATE

•	currently filed with the Flo	rida Dept. of State)	OCE, LUMDA
P12000019377			
(Documen	t Number of Corporation (if l	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new na		OFESSIONAL I	NC.
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ain the word "corporation, ation "Corp," "Inc," or "C	" "company," or "incorpor o". A professional corporat	rated" or the abbreviation
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S'</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	ss in Florida, enter the nam	e of the
Name of New Registered Agent	N/A		
	N/A		
	(Florida stree	et address)	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations	of the position.
<u></u>	anature of New Registered A	gent 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 P	<u>T</u>	John Doe	
\underline{X} Remove \underline{V}	<u>/</u>	Mike Jones	
<u>X</u> Add <u>S</u>	V	Sally Smith	
Type of Action (Check One)	<u> Fitle</u>	<u>Name</u>	Address
1) Change	VP	ANOUCE TOUSSAINT	3517 WINIFRED ROW LAN
Add			NAPLES, FL 34116
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

(Attacl	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
/A		
lf an	endment provides for an exchange, reclassification, or cancellation of issued shares,	
prov	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	
/A	ил аррисаоте, такие 1971)	

The date of each amendment(s) adopt	tion:	, if other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated	1/13	
Signature	tor, president of other officer – if directors or officers have not been	
selected, by	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
FR	RANTZ MACHOULE	
	(Typed or printed name of person signing)	
PF	RESIDENT	
	(Title of person signing)	

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