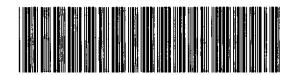
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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: ACK	(ADAMIGA CORP	
DOCUMENT NUMBER:	P12000060461	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
A	CDEL BARBARA	
	Name of Contact Person	
	Firm/ Company 6260 BRITNEY LN	
-	Address	
NA.	APLES, FL. 34116	
	City/ State and Zip Code	
	amigacorp@gmail.com	
E-mail address; (to b	e used for future annual report notification)	
For further information concerning this matter, p	lease call:	
ACDEL BARBARA	at (239) 4628142 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
□ \$35 Filing Fee		
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Ar	mendment	e
Articles of Incorporation		
of high		
AKADAMIGA CORP		
(Name of Corporation as currently filed with the Fl	······································	Fig. 7 H
P120000604	61	<u> </u>
(Document Number of Corporation (if	f known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this a lits Articles of Incorporation:	Florida Profit Corporation adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "c word "chartered." "professional association," or the abbreviation "	Co". A professional corporation name P.A."	must contain the
B. Enter new principal office address, if applicable:	3311 43TH AVE N	IE
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34120)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3311 43TH AVE N	<u>E</u>
	NAPLES, FL. 3412	0
		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
NI/Λ	<u>-</u>	
Name of New Registered Agent 1977		
tFlorida str	cet address)	
New Registered Office Address:	, Florida	
(Cip)	tZip Co	ode)
Nam Designand Amendo Ciamatono if shanging Designator J. A		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	<u>i</u> with and accept the obligations of the por	sition.

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 Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	KARINA BARBARA	3311 43TH AVE NW
Add			NAPLES, FL. 34120
X Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u>	cles, enter change(s) here:
(Attach additional sheets, if necessary). N/A	(Be specific)
<u> </u>	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption date this document was signed.)(Hon:	, if other than the
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 adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 8/8/1 7	<u>3</u>	
Signature	tedel.	_
(By a dire	ctor, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
.,,	ACDEL BARBARA	
	(Typed or printed name of person signing)	<u> </u>
	President.	
	(Title of person signing)	