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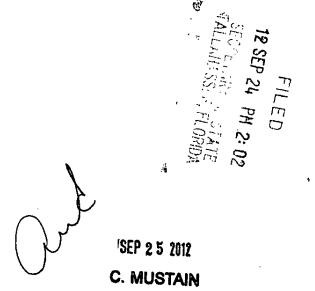
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name) .
(Đơ	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: EBANGAIN DENSEY WICOM **DOCUMENT NUMBER:** The enclosed Articles of Amendmer, and fee are submitted for filing. Please return all correspondence co-eming this matter to the following: MAUNICE A STERE

Name of Contact Person

EMANGAINTENSED DOTTOM CE

Firm/ Company

17 C BOWENS CANS

Address

CHATHAM WT 07928

City/ State and Zip Code For further information concerning this matter, please call: MICE (STE) F at (862) 763 025)

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.77 Tiling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status ate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address
Amendment Sec
Division of Cor, tions
P.O. Box 6327
Tallahassee, FL 2 14

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

is enclosed)

Articles of Amendment to

Articles of Incorporation of

EMANGA1	NJERSTY DOTCOM INC	
(Name of Corporat	as currently filed with the Florida Dept. of State)	
(De-	ment Number of Corporation (if known)	
Pursuant to the provisions of section its Articles of Incorporation:	-07.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the way	v_name of the corporation:	
name must be distinguishable at "Corp.," "Inc.," or Co.," or the word "chartered," "professional at B. Enter new principal office ad (Principal office address MUST !-	The new contain the word "corporation," "company," or "incorporated" or the abbreviation signation "Corp," "Inc," or "Co". A professional corporation name must contain the ciation," or the abbreviation "P.A." SS, if applicable: 1. STREET ADDRESS 2004 GASN ADA DR # +12	
C. Enter new mailing address. (Mailing address MAY BE. A.)	COCONUT CREEK FLE 33066	12 SEP 24
D. If amending the registered an new registered agent and/or Name of New Registered	and/or registered office address in Florida, enter the name of the new registered office address:	+ PH 2: 00
	(Florida street address)	
New Registered Office Ad	(City) , Florida (Zip Code)	
New Registered Agent's Signative I hereby accept the appointment as	Echanging Registered Agent: istered agent. I am familiar with and accept the obligations of the position.	
<u></u>	Signature of New Registered Agent, if changing	

Example:	address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice i Executive Officer; CFO = held. President, Treasure, Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	if necessarector title President; Chief F r, Director the follows the co	ectors, enter the title and name of each officer/director being removed and title, name, and tor being added: the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief notal Officer. If an officer/director holds more than one title, list the first letter of each office ould be PTD. ing manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is voration, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, mith, SV as an Add.
X Add SV Ity Smith		PT	in Doc
Type of Action (Check One)	X Remove	<u>v</u>	ike Jones
Change	X Add	<u>sv</u>	lly Smith
Change		<u>Title</u>	<u> </u>
Change	1) Change Add		, ,, ,
3) Change	2) Change		
4) Change	3) Change		
	4) Change Add		
	5) Change Add		
Remove	Add		

The date of each amendment(s) :	stion: 92112		
Effective date if applicable:	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adby the shareholders was/were s	red by the shareholders. The number of votes cast for the amendment(s) ment for approval.		
☐ The amendment(s) was/were as must be separately provide?	red by the shareholders through voting groups. The following statement chroting group entitled to vote separately on the amendment(s):		
"The number of votes ca	the amendment(s) was/were sufficient for approval		
by	(voting group)		
The amendment(s) was/were adaction was not required	al by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adaction was not required.	ed by the incorporators without shareholder action and shareholder		
Dated	2/12		
Signature (By a c select apooi	etor, president of ther 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)		
	MAUNICE STETF (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	MESIDENT		
	(Title of person signing)		