## P12000093700

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Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	SHAVITZ (	GROUP, INC.	
DOCUMENT NUMBER: P12	200009370	00	
The enclosed Articles of Amendm		•	
Please return all correspondence o		-	
Jeff Sh	avitz		
3611 01	ICVILZ.	Name of Contact Person	1
3101 9	St. Annes [	Firm/ Company Prive	
	7. Airios L	Address	
Boca F	Raton, FL.		
		City/ State and Zip Code	e
Jeff@shav		om sed for future annual report	notification)
1,-113411	address, (to be ti	sed to tatale amuai report	nouncations
For further information concerning	this matter, plea	se call:	
Jeff Shavitz		at (201	245-4545 de & Daytime Telephone Number
Name of Contact P	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	urtment of State;
	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment See Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Secutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SHAVITZ GROUP, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P12000093700	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	mendment(s) to
A. If amending name, enter the new name of the corporation:	
	he new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbr "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must conword "chartered," "professional association," or the abbreviation "P.A."	eviation itain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)  N/A	
	3 H
<u> </u>	? <b>?</b> 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A	FILED 19 PH
(Situating naturess SIAT BE AT OST OFFICE BOX)	RE
	<del>-</del>
- 197 (	40
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florido street address)	
New Registered Office Address:	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			N/A
Add			<u> </u>
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
AdJ			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here:
	(ne specific)
N/A	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s)	adoption: 3/11/2013
Effective date if applicable:	ing date with the state
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	(
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 3/11/2	2013
Signature	W D Sas
y lect	director/prevident or other officer – if directors or officers have not been ed. by an arcorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Jeffrey Shavitz
	(Typed or printed name of person signing)
	President
	(Title of person signing)