P1300001062

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10/24/13--01020--021 **43.75

13 OCT 24 PH 2: 18

SECRETARY OF STATE

OCT 3 1 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA		TINY ENTERPR	ISES INC	
DOCUMENT NUMBI	_{ER:} P130000106	52		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		INDRA MAHAI	DEO	
_	Name of Contact Person			
	NEW DESTINY ENTERPRISES INC			
_		Firm/ Company		
	4507 BEAGLE STREET			
_	Address			
	ORLANDO, FL 32818			
_		City/ State and Zip Cod	e	
	DS	INGHTAX@GM	AIL.COM	
		sed for future annual report		
For further information	concerning this matter, pleas		455-8782	
	Contact Person	at (407	de & Davtime Telephone Number	
	the following amount made		•	
□ \$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)	
Amen Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of



13 OCT 24 PM 2: 18

NEW DESTINY ENTERPRISES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P13000001062

ent(s) to

its Articles of Incorporation:		s Florida Profit Corporation adopts the following am
A. If amending name, enter the new na	M/A	
name must be distinguishable and con		The on," "company," or "incorporated" or the abbre
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation name must conte
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4507 Beagle Street
		Orlando, FL 32818
C. Enter new mailing address, if applicable:		4507 Beagle Street
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	- <u>-</u>
		Orlando, FL 32818
D. If amending the registered agent an	nd/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new	w registered of fice addre	is:
Name of New Registered Agent	INDRA MAHAD	DEO
	4507 Beagle S	treet
		treet address)
New Registered Office Address:	Orlando	, Florida 32818
	(Cit)	(Zip Code)
W		
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		it: with and accept the obligations of the position.
In	dra McL	elles.
Si	gnature 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTS	LILLAWATTI KISSOON	47 S. Tyler Avenue
Add			Orlando, FL 32811
Remove			
2) Change	P/T	INDRA MAHADEO	4507 Beagle Street
Add			Orlando, FL 32818
Remove			
3) Change	S	Stephen Mahadeo	4507 Beagle Street
✓ Add			Orlando, FL 32818
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

stach additional sheets, if necessary).	(Be specific)
	N/A
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an avail	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A

The date of each amendment(s) adoption: October 15th, 2013	, if other than th
date this document was signed.	
Effective date if applicable: October 15th, 2013	
(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)	
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 10/18/2013	
Signature x Li/kwati Lissan.	
(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)	
LILLAWATTI KISSOON	
(Typed or printed name of person signing)	
President	
(Title of person signing)	