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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: LITTLE ALEX, I	NC.			
DOCUMENT NU!	D12000007444				
The enclosed Articl	es of Amendment and fee are so	ubmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	ALEJANDRO SAMILIAN				
Name of Contact Person					
		Firm/ Company	<del></del>		
848 BRICKELL AVENUE, SUITE 1040					
Address					
MIAMI, FLORIDA 33131					
		City/ State and Zip Cod	e		
ale	jandrosamilian@yahoo.com.ar				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Albert Allen		at (	214-7653		
Nam	e of Contact Person	Area Code & Daytime Telephone Number			
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 of

LITTLE ALEX, INC.	4.6				
	of Corporation as currentl	y filed with the Florida Dept. of Stat	<u>(e</u> )		
P13000007646					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following	; amendment	t(s)
A. If amending name, enter the new n	nme of the corporation:				
				ny t	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporation nai	or the ab ne must c	The new obreviation contain the	
B. Enter new principal office address,					
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			201	
		<del></del>	= ;	- SKO)	
					- ;
Enter new mailing address, if appli	icable:		-	26	
(Mailing address MAY BE A POST			<u>;,                                     </u>	<del></del>	
			ί,	112	
			1	0	-
				<u></u>	
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>	nd/or registered office address; w registered office address;	ess in Florida, enter the name of the			
Name of New Registered Agent					
	1502 Picasso Street		-		
	(Florida stre	et address)			
New Registered Office Address:	Sebastian	P1:4-	32958		
Hew Registered Office Address.		, Florida (City)	(Zip C	ode)	
			. •	•	
New Registered Agent's Signature, if elements hereby accept the appointment as regist		ith and accept the obligations of the p	osition.		
	Signature of New Re	egistered 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	PT John	Doe						
X Remove	<u>V</u> <u>Mike</u>	Mike Jones						
X Add	<u>SV</u> <u>Sally</u>	Sally Smith						
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s					
i) Change	MGR	NAPLES INTERTRADING LTD.	848 BRICKELL AVE.					
Add			1040					
X Remove			MIAMI, FL 33131					
2) Change	PVPSD	ALEJANDRO SAMILIAN	848 BRICKELL AVENUE					
xAdd			SUITE 1040					
Remove			MIAMI, FLORIDA 33131					
3) Change			· · · · · · · · · · · · · · · · · · ·					
Add								
Remove								
4) Change								
Add			- <u>-</u>					
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5) Change								
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6) Change								
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