Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000135334 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : G & A ACCOUNTING AND TAXES SERVICES, INC.

Account Number : 120120000033

Phone

: (305)801-5394

Fax Number

: (786)231-5720

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*
Email Address: Hichard () GATAX Conculting Cou

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PRIVILEGE ENTERPRISE, INC

ECEIVED	JUN 14 #111:12	CALLES TO THE AMERICAN CONTRACT OF THE PARTY
	13 JU	NOTE OF THE PERSON OF THE PERS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

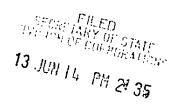
Electronic Filing Menu

Corporate Filing Menu

Help

TO:18506176380 FROM:7862315720

Page: 2



Articles of Amendment to Articles of Incorporation of

PRIVILEGE ENTERPRISE, INC	•
(Name of Corporation as currently filed with the I	Florida Dept. of State)
P13000049817	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  N/A	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4810 NW 79 AVENUE
(Principal office address MUST BE A STREET ADDRESS)	APT 107
	DORAL, FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4810 NW 79 AVENUE
	APT 107
	DORAL, FL 33166
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	iress in Florida, enter the name of the 3:
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	, Florida
(City,	) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby 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 = ChiefExecutive 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	PI	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sy</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	P-D	RITA C MAZOLOTTI	4810 NW 79 AVENUE		
Add			DORAL, FL 33166		
X					
2) Change	P-D	RITA C MAZALOTTI	4810 NW 79 AVENUE		
X Add			APT 107		
Remove			DORAL, FL 33166		
3) Change	<del></del>				
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	<del>unnanten i</del>				
Remove					

/A	onal sheets, if neces	sary). (De s	pec(fic)			
	· · · · · · · · · · · · · · · · · · ·			······································		
		***************************************				
					<del></del>	
					<del></del>	<del></del>
<u> </u>				······································		······································
	V11817811111111111111111111111111111111			· · · · · · · · · · · · · · · · · · ·		
***************************************					<del></del>	
		/n · · · · · · · · · · · · · · · · · · ·	<u>-</u>			
provisions (if not a	ment provides for for implementing t pplicable, indicate	he amendmen	reclassificatiu It if not contai	n, or cancella ned in the am	tion of issued s endment itself	hares,
/A						
/A			···	·····		
/A	<u></u>				· · · · · · · · · · · · · · · · · · ·	
/A						
/A						
/A						
/A						
/A						

The date of each amendment(s) a	doption: 06/14/2013
Effective date if applicable:	6/14/2013
Effective date if applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	for the amendmental was/were sufficient for approval
by	(voting group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated	14/13
Signature	Dung Mendelliel
select	director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court need fisherlary by that fiduciary)
****	Reta ( Mazolotte
	(Typed or printed name of person signing)
	(Title of person signing)
	· , , , , , , , , , , , , , , , , , , ,