## P13000086919

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on: <u>Isa</u>	Graphic	Designs	Inc
DOCUMENT NUMBER:	p130000	86969		
The enclosed Articles of Ar	•			
Please return all correspond	lence concerning this r	natter to the followin	g:	
		Name of Conta	ct Person	·····
<del></del>	Firm/ Company			
	Address			
		City/ State and	Zip Code	<del></del>
	E-mail address: (to be	used for future annu	al report notification	)
For further information con	cerning this matter, pl	ease call:		
Isaura Name of Co	Dif-O	at (	Area Code & Daytin	6 - 4690 ne Telephone Number
Enclosed is a check for the	following amount mad			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	. ,	y Certific py is Certifie	onal Copy
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

Isa Graphic Desig	ans_	Inc		
(Name of Corporation as currently filed with the Flo	orida Dept. of	State)		
P13000086969	. <del>-</del>			
(Document Number of Corporation (if			型門 建	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit C	Corporation adopts	the following an	endment(s) to
A. If amending name, enter the new name of the corporation:			Th	e new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A profess	or "incorporate ional corporation	d" or the abbre name must con	eviation aff_the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA			
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:		enter the name o	<u>f the</u>	
Name of New Registered Agent VIHT				
(Florida stre	eet address)			
New Registered Office Address: (City)		, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered A	vith and accept	the obligations of	` •	
Signature of New Registered A	ıgeni, ij changi	ng		

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: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u> P</u>	RUHN E. DIFO	Margate, FC 33168
Remove  2) Change Add	<u> </u>	Isavra Difo	6155 southgate Buc Margode, FL 33068
Remove 3) Change Add	<u>P</u>	Isaura Difo	6155 Southgate Blud Margate, FC 33068
Remove  4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
NIN			
MH	<u> </u>		
			<u>.</u>
	<u> </u>		
			_
	<u></u>		·
<del>-</del>			
<del></del>			
<u>If an amendment provides for an excl</u>	ange, reclassification, or c	ancellation of issued shares,	
provisions for implementing the ame	<u>ndment if not contained in</u>	the amendment itself:	
(if not applicable, indicate N/A)			
NIA			
10 11 /			<del></del>
			<u>-</u>

date this document was signed.	, ii other than ti
Effective date if applicable:	
(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	
Signature  (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)	<b></b> -
TSAUVA DHO (Typed or printed name of person signing)	<del></del>
Vice Presiden+ (Title of person signing)	_