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SECRETARY OF STATE PALLAHASSEE, FLORIDA

APPROVEU AND FILED

		COVER LETTER		
TO: Amendment Section Division of Corpora	_ \		/ (r	
NAME OF CORPORA	ATION:	ocuments	Corp	
DOCUMENT NUMBE	r: <u> </u>	<u> 10000 1362</u>		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ongence concerning this ma	tter to the following:		
	Marcus	Frederick	Malave	
	D'Dock	Name of Contact Persor	hyp	
<u> 6</u>	600 Rinehart	Firm/Company	# #1064	
	ake Mary,	Stlonida	32746	
City/ State and Zip Code				
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas		_	
Marcus Stre	derick Mala	Ve at 407	777-9767	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address dment Section		Address ment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment	
Articles of Incorporation of	
Documents Corp	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(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 amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:  The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  (Principal office address MUST BE A STREET ADDRESS)	
Take Mary, Florida 32746	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
SuiteHH 10641 Vake/Maru, Florida 32746	
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 // arcus of the derich flatale	
1600 Rinehart Rolad, Ouite # 1064	
New Registered Office Address: Xake Mary, Florida 32746	
(Zip Code)	
New Registered Agent's Signature of 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  Signature of New Registered Agent, if changing	7
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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:

 $P = President; V \neq Vice President; T = Treasurer; S \neq Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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:	, ama oan	y somm, or ac an italia.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)  1) Change Add Remove	Title	Christian E Malave	Address 4136 Deranium Lane #214 Sanfurd, OH 32771
2) Change	<u>Y</u>	_ Marcus Trederick Mal	ave 600 Rinehart Road  Suite # 10640  Oako Mary 07132746
Remove  Change  Add  Remove		_	<u> </u>
4) Change Add Remove			
5) Change Add Remove	***************************************		
6) Change Add Remove			

	, if necessary).	. (Be specific,	ange(s) here: )		
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The date of each amendment(s) ad date this document was signed.	option:	, if other than th
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	35	
	(voting group)	
The amendment(s) was/were adoraction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Signature		
(By a di	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, fustee, or other court	
арроіні	MARCUS Strederick Malave	·
	(Typed or printed name of person signing)	
	Yresident.	
	(Title of person signing)	