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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Chew. 514

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: Fat Lien Master Inc.				
DOCUMENT NUMBER: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Emmanuela Maslaire				
Name of Contact Person				
Firm/ Company				
193/a/ NILL) al.				
Address				
Miami, F1 33169				
City/ State and Zip Code				
e madairo a concast, Net				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Emmanuela Maslaire at (786) 320-1440				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

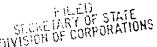
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporation	
		C	



of PM 3: 07 (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 Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agant. Lam familiar with and accept the obligations of the position.

/ U. / / / / de / ___

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 = 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	n Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	<u>P</u>	Emmanu	iela Magloire	524 NW 71st Hiami, Fl 33152
Add				Miami, F/ 33150
Remove	φ	Emana	Hadis	102/1 million
2) Change Add	<u>i</u>	CHIMANOCI	21 Hylane	1936 WW/p/. Miani, F/ 33169
Remove				
3) Change				
Add Remove				
4) Change				
Add				
Remove				
5) Change				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
I need the principal address to change
to 19361 NW 101.
Miami, Fl 33169 and on the
Registered Agent Name my last Name
is snell wrong. The correct hast
Nama is Hadlain Tt should be
Emmanuela Maglaire. Please Chang
it on the Registered Heent Name and
on officer Director Detail.
I hank you.
· · · · · · · · · · · · · · · · · · ·
,
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption	10/2/2014	ERLED SECRETARY OF STATE DIVISION OF CORFORATIONS	if other than the
date this document was signed.			_, ir other than the
Effective date <u>if applicable</u> :/	0/22/14	14 OCT 30 PM 3: 07	
	(no more than 90 days a	fter amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the shareholders was/were sufficie		of votes cast for the amendment(s)	
The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for th	e amendment(s) was/were suffici	ent for approval	
by	NIA	,,	
,	(voting group)		
The amendment(s) was/were adopted action was not required.	by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shar	eholder action and shareholder	
Dated	2/14		
Signature Signature	o Mad		
(By a directo		irectors or officers have not been	_
	an incorporator – if in the hands of duciary by that fiduciary)	of a receiver, trustee, or other court	
appointed in	mila Mada	rl_	
\mathcal{C}	(Typed of printed na	ame of person signing)	_
<u>+</u>	resident.		<u></u>
	(Title of per	rson signing)	