

Division of Corporations Electronic Filing Cover Sheet

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JAN 27 2014

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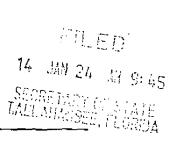


### COYER LETTER

TO: Amendment Section Division of Corporations

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' Please return all a	correspondence concerning this ma	itter to the following:		
	PAUL JASINSKI			
٠ (	USAOLI GROUI		n	-
' /				-
,	5960 NW 99 AVE	• •		
' 4	<del></del>	Address		-
	DORAL FL 3317	8		
· · · · · · · · · · · · · · · · · · ·		City/ State and Zip Cod	±	_
1	PAJAS@BELLSOUT	TH NET		
<u>.</u>	Name of Contact Person  USAOLL GROUP LLC  Firm/ Company  5960 NW 99 AVE UNIT 3  Address  DORAL FL 33178  City/ State and Zip Code  PAJAS@BELLSOUTH.NET  E-mail address: (to be used for future annual report notification)  Domation concerning this matter, please call:  ASINSKI  at (305 984-8277  Name of Contact Person' Area Code & Daytime Telephone Number thack for the following amount made payable to the Florida Department of State:  Fee D\$43.75 Filling Fee & D\$43.75 Filling Fee & Certificate of Status (Additional copy is cartificate Copy (Additional Copy is enclosed)  Mailing Address  Amendment Section  Division of Corporations			
·	,		,	
For further inform	ation concerning this matter, pleas	so call;		
PAUL JAS	SINSKI	<sub>m.</sub> 305	, 984-8277	
N	ume of Contact Person' (		de & Daytune Telephone Numbe	×
· Enclosed is a cho	k for the following amount made	payable to the Florida Depa	artment of State:	
S \$35 Piling Fo		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
s	Amendment Section	Amene Divisio Clifton 2661 E	iment Section on of Corporations	

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as C 21400006337	personaly filed with the Florida	Dept. of State)	
	Number of Corporation (if know	m)	
rruant to the provisions of section 607.10	•	•	opts the following amendme
. If amending name, enter the new name	na af tha` nama antian.		
REFRI SUPPLY CORP	e of the corporation;		
une must by distinguishable and confa Corp., ""Inc.," or Co.," or the designal ord "churwred," "professional association	tion "Corp," /'Inc," or "Co"	ompany," or "incorpoi A professional corpora	The new rated or the abbreviation ion name must contain the
Enter new principal office address, it vincipal office address MUST BE A STI			
•	<u>-</u>		
	<u> </u>		<del></del>
Euter new mailing address, if applies (Mailing address MAY BE A POST OF	PPICE BOX		
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Mailing address MAY BE A POST Of	OF registered office address in		e of the
Mailing address MAY BE A POST Of  If smending the registered agent and/ new registered agent and/or the new    Name of New Registered Agent    New Registered Office Address:	OF TEXHERED Office address in registered office address:  (Florida strest address		
Mailing address MAY BE A POST Of MAILING ADDRESS MA	OF repittered office address in registered office address:	284)	e of the (Zip Code)
Mailing address MAY BE A POST Of  If smending the registered agent and/ new registered agent and/or the new    Name of New Registered Agent    New Registered Office Address:	OF TEXHERED Office address in registered office address:  (Florida strest address	284)	
Mailing address MAY BE A POST Of  If smending the registered agent and/ new registered agent and/or the new    Name of New Registered Agent    New Registered Office Address:	OF PERIFERENT OFFICE address in registered office address:  (Florida stress address)	284)	

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address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Dease note the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretury; 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, Treusurer, 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, Salty 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 Juhn Doe X Remove ¥ Mike Jones X Add SVSally Smith Type of Action Ratie Name Address (Check One) Change Remove Change Remove Change Remove Change Add Remove Change Remove Change Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)	
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provisions for implementing the amen	uge. reclassification, or cancellation of issued shares, depend in the amondment itself:	1
(ij noi appiicanie, incacas N/A) ,		
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# THEP10000HH

	date of each amendment(s) adoption:	_, if other than
Elfo	tive date if applicable:	_
	(no more than 90 days after umandment file date)	
Adoj	tion of Amendment(s) (CHECK ONE)	
	ne amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) y the shareholders was/were sufficient for approval.	
	ne amendment(s) was/were approved by the sharoholders through voting groups. The following statement out he separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes can 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 ation was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
	tion was not required.	
	Dated	
	Signaturo Paula Januari	<u> </u>
	(By a director, presidem or officer—if directors or officers have not been selected, by an incorporate if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	PAUL A. JASINOK.	_
·	(Typed or printed name of person signing)	
	TNOURPORATOR - P.A.	••
. ,	(Title of narray vinning)	

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