P140000/9262

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Allmake Incorporated DOCUMENT NUMBER: P14000019262 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael A Silva Name of Contact Person Allmake incorporated Firm/ Company 1755 West 32 Place Address Hialeah FL 33012 City/ State and Zip Code michaelsilva7@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Esmeralda Valdes Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

FILED

2014 HAY 20 AM 11: 42

Allmake Incorporated	STATE
(Name of Corporation as currently file	d with the Florida Dept. of State) ALL AHASSEE, FLORIDA
P14000019262	13 .
(Document Number of C	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the cor	poration:
N/A	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
Enter new principal office address, if applicable:	1755 West 32 Place
Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	1755 West 32 Place
(mutting dutiess MAT BL AT UST OF FICE BOX	Hialeah FL 33012
 If amending the registered agent and/or registered new registered agent and/or the new registered o 	
Name of New Registered Agent N/A	
	(Floridu street address)
New Registered Office Address:	(City), Florida(Zip Code)

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	<u>PT</u>	John Doe					
X Remove	<u>V</u>	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	Р	Michael A. Silva	1755 west 32 Place				
Add Add			Hialeah FL 33012				
Remove							
2) Change	VP	Igor Kotlyar	1755 west 32 Place				
Add			Hialeah FL 33012				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change		_					
Add							
Remove							
6) Change							
Add							
Remove							

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)								
V/A	ii adamonai sh	ceis, y necessu	<i>y).</i> (De s _i	ecyte)				
W/A								
<u> </u>								
						·· <u></u>		<u></u>
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				, <u>.</u>				
					··· ·			
. <u>If an</u>	amendment p	rovides for an	exchange,	reclassific <u>at</u>	<u>ion, or canc</u>	ellation of iss	sued shares,	
pro	visions for imp	lementing the	amendmen	<u>it if not cont</u>	ained in the	amendment	<u>itself:</u>	
	(if not applical	nie, inaicate iv/	AJ					
V/A								
			 -					
	·							
				·· ·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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_05/15/2014	
Signature Musico	
(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)	
Michael A Silva	
(Typed or printed name of person signing)	<u>-</u>
President	
(Title of person signing)	