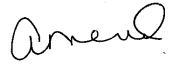
P14000020132

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COVER LETTER

TO: Amendment Section Division of Corporations

S ENTERPRISES INC	
ubmitted for filing.	
atter to the following:	
Name of Contact Person	1
PRISES INC	
Firm/Company	
. ,	
Address	
City/ State and Zip Code	e
sed for future annual report	notification)
ase call:	
at (239	de & Daytime Telephone Number
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle
	Name of Contact Person PRISES INC Firm/ Company Address City/ State and Zip Cod ased for future annual report ase call: at (239 Area Co payable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Copy (Additional copy is enclosed) Street Amend Division Clifton

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation , of ...

FILED

GLOBAL TWINS ENTERPRISES INC (Name of Corporation as currently filed wif P14000020132 (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 (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if 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

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.

X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones .			
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) Change	VP		CLAUDEL THELISMA	4040 8TH AVE SE		
Add				NAPLES FL 34117		
XRemove						
2) Change		_				
Add						
Remove						
3)Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
() (Illustration						
6) Change		_				
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	······································
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•	5/19/15	
The date of each amendment(s) and date this document was signed.	loption:	, if other than the
5/19	/15	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this to	clock does not meet the applicable statutory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	1
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
5/19/18 Dated Signature	Til (). (mouman	/
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	ı
	MARIE ASSOUMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	