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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SHARINGER, INC.

DOCUMENT NUMBER: P14000025198 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAN B. KENNENY- DAVIS

Name of Contact Person Firm/ Company 707 MUSAGO RUN
Address LAICE MARY, F1. 32746

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAN B, KENNEDY - NACIS

Name of Contact Person at (407) 3)8-5397 Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle PLATE NOTE The Amendment Changer the
XIAme by Adding An "s" to the NAME: Sharinger

New Name: SHARINGERS, Inc.

Articles of Amendment Articles of Incorporation

SHARIA	IGER INC		
(Name of Corporation as currently file	d with the Florida Dept. of State)		
P14000	0025198		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporation</i> add	pts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	poration:		
SHARING ERS, I name must be distinguishable and contain the word	CMC		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	' "Inc," or "Co". A professional corporat	ated" or the al ion name must c	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		e of the	•
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	, Florida		. <u> </u>
	(City)	(Zip Code)	* 200 * 200
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		of the position.	ECRETARY OF STAN
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 Do	<u>e</u>			
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		_				
Add						
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove				-		
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove				The state of the s		

	icles, enter change(s) here: (Be specific)
	.
	.
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/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) (CHECK ONE)	
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 MARCIT 26 2014	
Signature (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)	
LAN B. KENNEdy - NAVIS	_
(Typed or printed name of person signing)	
INICORPURATUR	_
(Title of person signing)	