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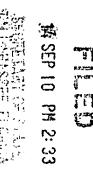
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Special Instructions to	Filing Officer:	

Office Use Only



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SEP 1.7 2014 C. CARROTHERS

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	1; INVESTMENTS INC
DOCUMENT NUMBER: 140	000 44 480
The enclosed Articles of Amendment and fee are sul	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Edgar	F. Ituni Name of Contact Person
12155 Ko	GOLFOLY BLUD ALD
Cont S	DRINGS PJ 33065
<i>y</i>	City/ State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Edgar F Itorri Name of Contact Person	at ( 954) 496-4338 Area Code & Davtime Telephone Number
	· ·
Enclosed is a check for the following amount made p	sayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\square\$ \$\square\$\$\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

## Articles of Amendment

撰 SEP 10 PM 2:33

to	orporation	
Total	+ 700	
(Name of Corporation as currently filed with the Flo	lorida Dept. of State)	1
P140000 H4 980	······································	-
(Document Number of Corporation (if	f known)	À
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	.0
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co" or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
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:  new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	vet address)	
New Registered Office Address:	. Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		
Signature of New Registered A	Igent, if changing	

Page 1 of 4

## 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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title CX Name  (5) Edgar F. Iturri	12155 Royal Poly DND Coral Springs Fl 33063
2) Change Add Remove		
Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change	AVE. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Remove		

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amendment provides for an exc visions for implementing the am (if not applicable, indicate N/A)	change, reclassifica tendment if not cor	ition, or cancella itained in the am	ion of issued shar endment itself:	cs.
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		nl A		
		NA		
		NA		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 1-8-14	
(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 $9-8-14$	
Signature of questale	
(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)  ARLOS F Z-Tracci	
(Type) or printed name of person signing)	<del></del>
Presisent	
(Title of person signing)	