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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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And DEC 15 2014

R.WITTE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	KREATOR BER: <u>P1400004808</u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this mat	tter to the following:	
	Olga Shvets		
		Name of Contact Person	1
		Firm/ Company	
	530 Piedmont L	, ,	
		Address	
	Delray Beach FL	33484	
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Olga Shvets		at (917	, 860-8617
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

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KREATOR007 INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ndment(s) to

P14000048085		
(Documer	it Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendme
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A	mpany," or "incorporated" or the abbreviation professional corporation name must contain the
B. Enter new principal office address,		
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appli		
(Mailing address <u>MAY BE A POST</u>	OFFICE BUX)	
D. If amending the registered agent an	d/or registered office address in F	lorida, enter the name of the
new registered agent and/or the new	v registered office address:	
Name of New Registered Agent	Olga Shvets	
	530 Piedmont L	
	(Florida street addre	
New Registered Office Address:	Delray Beach	Florida 33484 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Degistered Agents	
I hereby accept the appointment as regist		accept the obligations of the position.
	ough	_
	anatura of Nau Pagistarad Agant if	changing

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 <math>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>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ISAAK VEYLAND	516 Parkway Ct
Add			Greenacres FL 33413
Remove			
2) Change	Р	Olga Shvets	530 Piedmont L
Add			Delray Beach FL 33484
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	ficles, enter change(s) here: (Be specific)
	
	<u>/</u>
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	.

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
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	
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 December 3, 2014	
(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)	
OLGA SHVETS	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	