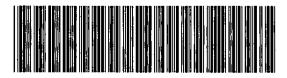
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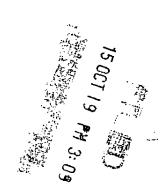
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corpora	tions			9 -
NAME OF CORPORA DOCUMENT NUMBE	TION: B.R. R: P14000	R.J. In	JC.	H 3: 09
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		"Île:
Please return all correspondence	ondence concerning this mat	tter to the following:		
	JAROSLA	W KOWI Name of Contact Person	ALCZYK	
- -	7657 CA BRADENI	Firm/ Company IMDEN HA Address TON, FL	RBOUR DR.	
	JAKEK	City/ State and Zip Code KOWALC sed for future annual report	24K @HOTM	HL. COM
For further information of	concerning this matter, pleas	se call:		
JAROSLAU Name of	Contact Person	Yk at (941 Area Co	de & Daytime Telephone Numbe	 r
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address		Address	•

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation

B. R. R. J.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000071592

(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:

ι - /	/ +	The
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp.," "i vord "chartered," "professional association," or the abb	nc," or "Co". A professional corporation name must c	bbrevia contain
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	$\underline{\mathcal{N}}$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Pagistered Agent	e address:	
new registered agent and/or the new registered office Name of New Registered Agent	e address: N/A	-
new registered agent and/or the new registered office Name of New Registered Agent	e address: N/A Florida street address)	-
new registered agent and/or the new registered office Name of New Registered Agent	e address: N/A	- - Code)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address ACCICANDENIAPPONG
1) Change	P JAKOSLAW KOWALCZI	K 7657 CAM DEN HARBOUR
Add		BRADENTON, FL 32/212
Remove	Q 210 400 × 204.252	G TR actual
2) Change	P RHONDA K. RAMIREZ	907B 35TH Ave W.
X Add		BRADENTON FL 34205
Remove		
3) Change	<u> </u>	
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	(Be specific)
	N/A
	/ ///
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	Mary .
an amendment provides for an evel	hange, reclassification, or cancellation of issued shares,
was waare trustreets provided for all CAC	
rovisions for implementing the ame	endment if not contained in the amendment itself:
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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rovisions for implementing the ame	endment if not contained in the amendment itself:
rovisions for implementing the ame	endment if not contained in the amendment itself: W/A

The date of each amendment(s) adoption:, if other t	han th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	i as th
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 Oct 14 2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of acceiver, trustee, or other court appointed fiduciary by that fiduciary)	
TAROSZAW KOWALCZYK (Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)