P15000006743

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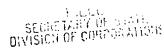
C.V. 5

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ILS NETWORK FIORIDA BROKERAGE, INC					
DOCUMENT NUMBER: P1500006743					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
BARBARA MICLEAN Name of Contact Person TLS NETWORK FIORIDA BROYERAGE, INC Firm/ Company 3601 SW 2ma AUE, SUITE O Address GAINES VILLE FL 32607 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CEOFFREY C. WilSon at 352 262-9543 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation



of

NETIVORK FIORIDA BIONERAGE, INC.

15 APR - 1 AM 8: 35

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

(Name of Corporation as currently filed with the Florida Dept. of 5 600000 6143 (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." 3601 SW and AUE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) GAINESVILLE, FL 32607 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: , 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 and accept the obligations of the position.

Signature of New Registered Agent, 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 Remove Y Mike Jones X Add SY Sally Smith Tyne of Action (Check One) Title Name Address 11	Example: XChange	<u>PT</u>	John Doe	
X Add SV Sally Smith	X Remove	¥	Mike Jones	
Check One Change	_X Add			
Change	Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Remove	1) Change	V	BARBARA MILLER	
Add Remove Change Add Remove Add Remove Add Remove Change Add Remove Change Add Add Add Add Add Add Add Add Add Ad	<u> </u>			
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Remove	5) Change		-	
6) Change				
				
	Add Remove			

Page 2 of 4

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:
,	

F. If an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	
	
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The date of each amendment(s) adoption:	SEUTE MAY DE SOUTE SEUTE MAY DE CORTOR ANDRE	, if other than the			
date this document was signed.	15 APR -1 AM 8: 35	ii obici dian die			
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 by the shareholders was/were sufficient for approval.	s. The number of votes east for the amendment(s)				
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle					
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval				
by	 ,				
The amendment(s) was/were adopted by the board of direction was not required. The amendment(s) was/were adopted by the incorporator action was not required.	ectors without shareholder action and shareholder				
Dated 3/29/2015 11:54 PM EDT					
selected, by an incorporator – if appointed fiduciary by that fiduciary by that fiduciary by that fiduciary by the fiduciary	d or printed name of person signing)				
	(Title of person signing)				