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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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15 MAY -8 AH II: 33

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COVER LETTER

TO: Amendment Section

Amendment Section

P.O Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corpo	prations		_	
NAME OF CORPOR	DICO	ander (on Grov	f Corp.
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	IVAN	B. B	ARKOVIC	
	Ahexa	Name of Contact Perso	a Group	Comp.
	361 P	Firm/ Company	a Dr.	····
	Sunn	y Isles,	F1. 3	3160
	isory a	City/ State and Zip Cod	c. VET	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
TUAN B	oris Barl	σνίς 30j	7, 815.77	y 7Y
	f Contact Person		ode & Daytime Telephone	e Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mail	ing Address	Street	Address	*

Amendment Section

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

15 MAY -8 AM 11: 33 (Name of Corporation as currently filed with the Florida Dept. of (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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: (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

P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	rector tit Presiden = Chief r. Direct in the fo	le by the first letter of the office title: it: T= Treasurdr: S= Socretary; D= Director: TR= T Financial Officer. If an officer/director holds more to the control of the properties of the control of the control of the corporation, Sally Smith is named the V and S. These corporation, Sally Smith is named the V and S. These corporation, Sally Smith is named the V and S. These corporation, Sally Smith is named the V and S. These corporation, Sally Smith is named the V and S. These corporation.	than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
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>	Address Q.
1) Change		LLubica M	361 TOIN LIGHTS DI
✓ Add		Barkovic	Sunny Isle, F1.
Remove		-	33160
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		,	
5) Change			
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Remove			
Kellove			
6) Change			
Add			
Remove			

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)

ttach <i>additional sh</i>	ets, if necessary).	icles, enter change(s) here: (Be specific)		
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an amendment pr	ovides for an exch	nange, reclassification, or c	ancellation of issued	shares,
<u>rovisions for impl</u>	<u>ementing the ame</u>	ndment if not contained in	the amendment itse	<u>If:</u>
(if not applicab	le, indicate N/A)			
		1		
		N/H		
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			- 101	-

The date of each amendment(s) adoption: 5/5/2015	, if other than the
date this document was signed.	
Effective date if applicable: 5/5/201) (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 document's effective date on the Department of State's records.	not be listed 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	
hy	
hy	
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	
Signature P	
(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)	
IVAN BORIS BARKOVII	
(Typed or printed name of person signing)	_
TreaturER	
(Title of person signing)	