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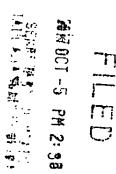
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: David Enterp	rises, Inc.		
DOCUMENT NUM				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Debbie Rappaport			
		Name of Contact Person	n	
	Benetrends Financial			
		Firm/ Company		
	1180 Welsh Road, Suite 280			
		Address		
	North Wales, PA 19454			
		City/ State and Zip Cod	e	
strud	elboy@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Debbie Rappaport, Bo	enetrends Financial	at (498-0090	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	. Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Juan David Enterprises, Inc.			
(Name of Corpo	ration as currently file	d with the Florida Dept. of So	tate)
P15000015595			
(De	ocument Number of Corp	poration (if known)	
Pursuant to the provisions of section 607.1006. Fl its Articles of Incorporation:	orida Statutes, this <i>Floria</i>	da Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:		
NIA			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	"orp," "Inc," or "Co".	A professional corporation r	
B. Enter new principal office address, if applic	able:	NIA	
(Principal office address MUST BE A STREET	ADDRESS)		
			THE TOTAL PROPERTY OF THE PARTY
	_		
C. Enter new mailing address, if applicable:			1 5 m
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	
			في
			12 m
	-		
D. If amending the registered agent and/or reg		ı Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registe	red office address:		
Name of New Registered Agent	N/A		
	(Florida street ad	dress)	
New Registered Office Address:	N/A	, Flori	da
The writing issues the office status ess.	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		nd account the obligations of th	a meitian
t nevery uccept the appointment as registered age	m. Tum jumuur wun u	na accept the obligations of th	e position.
	N/A		
	Signature of New Registe	ered 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 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: \underline{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)	Title	<u>Name</u>	Address
1) Change	DV	Esperanza Correa	2880 Tennis Club Drive
X Add			Apartment #605
Remove			West Palm Beach, FL 33417
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>	<u> </u>	
Add			
Remove			
6) Change			
Add Remove			
remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
	-
	
	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
□ The amendment(s) was/were accaption was not required.□ The amendment(s) was/were acceptance.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
October 2 Dated Signature	John Heleas	
select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	John D. Gekas	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	