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S. TALLENT OCT 0 6 2016

NIC /AMEND

16 SEP 29 PH 2: OK SECRETARY OF STATE TALLAMASSEE, FLORIDA

COVER LETTER

| Division of Corporations |
|--|
| NAME OF CORPORATION: ADECHEIDIS FACTORY CO. INC DOCUMENT NUMBER: P150000 27347 |
| DOCUMENT NUMBER: FISOUD 27547 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MARION SCHUPPENHAUER |
| Name of Contact Person |
| MANIMA HOLDING |
| Firm/ Company |
| 505C STH AVES |
| NAPLES FL 34102 |
| City/ State and Zip Code |
| · |
| ADELLIE (DISTACTORYCO & CMAIL. COM E-mail address: (to be used for future annual report notification) |
| E-mail address. (to be used for future animal report notification) |
| For further information concerning this matter, please call: |
| · · · · · · · · · · · · · · · · · · · |
| ARION SCHUPPENHAUER at 239, 384 0818 |
| 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 |
| \$35 Filing Fee |
| (Additional copy is Certified Copy |
| enclosed) (Additional Copy is enclosed) |
| Mailing Address Street Address |
| Amendment Section Amendment Section |
| Division of Corporations Division 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

DELIHE (DIS FACTORY CO. INC

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

| P (5 00 00 2 7 30 | ber of Corporation (if known) | |
|---|--|----------------------------|
| (Document Num | ber of Corporation (It known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: | , this <i>Florida Profit Corporation</i> adopt | s the following amendment(|
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| ADELHEIDIS FACT | ORY INC. | The new |
| name must be distinguishable and contain the word "corp, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia | oration," "company," or "incorporate or "Co". A professional corporation | ed" or the abbreviation |
| B. Enter new principal office address, if applicable: | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | Z S == |
| | | |
| | · | A SE |
| C. Enter new mailing address, if applicable: | | 29 .SS: |
| (Mailing address MAY BE A POST OFFICE BOX) | 1 | |
| | - | |
| | | |
| D. If amending the registered agent and/or registered office | address in Florida, enter the name o | \$>`` □ |
| new registered agent and/or the new registered office ad | dress: | <u>1 the</u> |
| Name of New Registered Agent | | |
| Nume of New Negistered Agent | | |
| (Flor | ida street address) | |
| · | , and the second | |
| New Registered Office Address: | (City), Fl | orida(Zip Code) |
| | (3.9) | (- - p) |
| | | |
| New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered | | |
| I hereby accept the appointment as registered agent. I am fam | iliar with and accept the obligations of | the position. |
| | | |
| | | |
| | | |

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 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> | . • | Ado | dress |
| 1) K Change | CE | D JENS | SCHUPPEN | HAVER | |
| Add | | | | | 34102 NAPLES FL |
| Remove | | | . • | | <u> </u> |
| 2) Change | P | MARIO | IN SCHUPPEN | HAUER | GZ8 E LAKE DR. |
| <u></u> ★ Add | | | | | 34102 NAPLES FL |
| Remove | | | . # | , | |
| 3) Change | | | | - · · · · · | |
| Add | | | • | | |
| Remove | | | | | |
| 4) Change | | | • | <u>.</u> . <u></u> | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | · |
| Add | | | | | |
| Remove | | | | | |
| | | | • | | · · |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| amending or adding additional Articles, en ttach additional sheets, if necessary). (Be sp | pecific) |
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| an amendment provides for an exchange, r rovisions for implementing the amendment | eclassification, or cancellation of issued shares, t if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| MANIMA HO | OLDING HOLDS 100% |
| | |
| OI THE MAA | <u> </u> |
| OF THE SHAR | |
| | |
| JENS SCHUPPE | ENHAVER HOLDS 0% |
| | ENHAVER HOLDS 0% |
| JENS SCHUPPE | ENHAUER HOLDS 0% |
| JENS SCHUPPE | ENHAVER HOLDS 0% |
| JENS SCHUPPE | ENHAUER HOLDS 0% |
| JENS SCHUPPE | ENHAUER HOLDS 0% |

| The date of each amendment(s) adoption: date this document was signed. | | | , if other than the |
|--|---|-------------------------|--|
| | ULY 1 | 2016 | |
| Effective date if applicable: | (no more than 90 | days after amendmen | nt file date) |
| Note: If the date inserted in this block doe document's effective date on the Department | | ble statutory filing re | equirements, this date will not be listed as the |
| Adoption of Amendment(s) | CHECK ONE) | | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient for | | number of votes cast | for the amendment(s) |
| ☐ The amendment(s) was/were approved by must be separately provided for each vot | | | |
| "The number of votes cast for the ar | mendment(s) was/were | sufficient for approv | al |
| by | | | " |
| (| (voting group) | ٠ | |
| ☐ The amendment(s) was/were adopted by t action was not required. | the board of directors w | vithout shareholder ac | ction and shareholder |
| ☐ The amendment(s) was/were adopted by t action was not required. | the incorporators witho | out shareholder action | and shareholder |
| Dated 9 (25 | (16 | | |
| Signature_ | PL . | . • | |
| (By a director, p selected, by an i | resident or other office incorporator - if in the iary by that fiduciary) | | |
| . [= | IN'S SO | CHUPPE | ENTHAUER |
| <u> </u> | (Typed or printed na | ame of person signing | ENHAUER |
| _ | EO | | |
| | (Title o | f person signing) | |
| DATE: 9/25 | 5116 | | |
| SIGNATURE | · H Sch | WPD . | |
| NAME MARIO | 2N 2C170 | 100CILLIG | 4(x C Q |
| TITLE Quin | | 11 1 1200 140 | 10(1010 |