## P15000029784

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## COVER LETTER COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A Y M GLOBAL CORP P15000029784 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Romirez

Name of Contact Person AYM GLOBAL CORP 5460 HOFFNER AUE # 402 ORLANDO FL 32812
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Ramilez at (\_\_\_\_\_)

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43 75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Ame	ndment			
to Articles of Incor	noration	25.00	귥	
of	poration	∵ ⊂	<b>∑</b> 29	
AY M GLOBAL COI	Q P	7.	20 A	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	· • 1 - 4	ယ ႏြ	
P15000029784	P15000029784			
(Document Number of Corporation (if k	- 106 - 106	ي ي		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopt		amendment(s) to	
A. If amending name, enter the new name of the corporation:				
NIA			The new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.,	'". A professional corporation A."	ed" or the abl n name must co	oreviation ontain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name o	of the		
(Florida street	address)			
New Registered Office Address:	, Florida	<i>(7)</i> (1) 11		
(City)		(Lip Code)		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with		the position.		
N /	A			
Signature of New Registered Age	ent, 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			N/A
Add			<del></del>
Remove			
2) Change			N/A
Add			
Remove			
3) Change			NIA
Add Remove			
4) Change Add		_	N/A
Remove			
<del></del> 1			N/A
5) Change		_	
Remove			
			NIA
6) Change			10 / 10
Ramaya			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE III
The purpose for which this corporation
15 organized is:
PRODUCTS DISTRIBUTION AND NETWORK
MARKETING (AMWAY)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
10/ 24
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The date of each amendment(s) adoption: 4   09   2015  date this document was signed.  Effective date if applicable: 4   09   2015	, if other than the
date this document was signed.	
Effective date if applicable: 4/09/2015	
(no more than 90 days after amendment file date)	
ALL	
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)	
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 4/09/2015	
Signature NRAMICEL	
(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)	
Moria Romirez	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	