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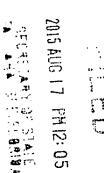
(Rec	questor's Name)	
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AUG 19 2015

C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

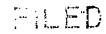
Tallahassee, FL 32314

NAME OF CORPORATION: $\underline{\hspace{1cm}}$			vestments	. 26, INC
The enclosed Articles of Amendmen	and fee are subr	nitted for filing.		
Please return all correspondence cond	erning this matte	r to the following:		
	inkenah 3901 S Hollywoo	Name of Contact Per on a   Investor    Firm/ Company  OCDAN S  Address  Address  City/ State and Zip C  SSU O Yah  I for future annual reports	tments 26 DR #10X 3019	
For further information concerning th	is matter, please	call:		
Sara Busso po	celbaum on	at ( <u>954</u>		phone Number
Enclosed is a check for the following	amount made pa	yable to the Florida De	epartment of State:	
\$35 Filing Fee \$43.75 Certific	Filing Fee & ate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of S Certificate of S Certified Copy (Additional Co is enclosed)	Status '
Mailing Address Amendment Section Division of Corport P.O. Box 6327		Ame Divi	et Address endment Section sion of Corporations on Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## to Articles of Incorporation



lo

·		of		2015 AUG 17	
Interna	ihonal	Invest	ments	26 g= 1.1NC.	ang waterer
(Name o	f Corporation	as currently f	iled with the	Florida Dept. of State	) E BRIDA
	P151	0000 HT	319		
	(Documer	nt Number of C	orporation (it	`known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida S	tatutes, this <i>Fle</i>	orida Profit C	Corporation adopts the f	ollowing amendment(s
A. If amending name, enter the new па	me of the corp	oration:			
NIA					The new
name must be distinguishable and cont "Corp" "Inc" or Co.," or the design word "chartered." "professional associat	ation "Corp,"	"Inc." or "Co	". A profess		
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		ESS )	<i>N</i>	la	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (			NA		
D. If amending the registered agent an new registered agent and/or the new			s in Florida,	enter the name of the	
Name of New Registered Agent	NA				
		(Florida street	addrass		
1 .	MA	(Fioriau sireei	uuuressj		•
New Registered Office Address:	NA	(C.	ity)	, Florida_	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			h and accept	the obligations of the po	osition.
<i>N</i> [A	C:	ure of New Rea	intanad Assert	if changing	
	Signali	DE DEISENEKES	ixieren Agent	. บ ตกสมาคร	

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> <u>John D</u>	o <u>e</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	mith_	
Type of Action (Check One)	Title	Name .	<u>Addres</u> s
1) X Change	PlD	SARA APFELBAUM	3901 S OCEAN PR #10
Add	Please a	22 the name BUSSU	3901 S OCEAN PR #10
Remove	to family	hame to be SARA BUS	SU APFELBAUM
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del> -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove	•		

E. <u>If am</u> (Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary) (Be specific)
	NA
	<u></u>
	,
_	
	•
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )
	MA

The date of each amendment(s) adoption: _	5/20/2015	, if other than the
date this document was signed.	A.	
Effective date if applicable:	5/2012015	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing require of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
	he shareholders through voting groups. The foling group entitled to vote separately on the amen	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	•
by	,,	
(v	oting group)	,
action was not required.	e board of directors without shareholder action e incorporators without shareholder action and s	
action was not required.		
Dated	RALLI	
(By a director, pre	esident or giner officer – if directors or officers:	have not been
	corporator – if in the hands of a receiver, trusted ry by that fiduciary)	e, or other court
SAK	RA BUSSU APPELBAUN	1
	(Typed or printed name of person signing)	
	resident 1 Director	
·	(Title of person signing)	