

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002750173)))



H160002750173ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (B50)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emaîl Address:\_\_\_\_\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN AA2EEN ENTERPRISES INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

1/AUR

Electronic Filing Menu

Corporate Filing Menu

Help

New Registered Agent's Signature II changing Registered Agent;

H16000275017

02/05

PAGE

Articles of Amendment Articles of Incorporation of as currently filed with the Florida (Bodument 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. Hamsading name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company." or "incorporated" or the abbrevi "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chargered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST HE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D: If amonding the registered agent and/or registered office address in Florida, enter the name of the new registered agent anthor the new registered office address: Name of New Registered Agent (Klarida street address) Florida New Registered Office Address: (Zip Code)

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

## H1600027501Z

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 hold. 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 nated as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe				
X Kemove	<u>¥</u>	Mike Jones				
X. Add	SV.	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change Add Remove		_				
2) Change Add	7					
Remove  Change  Add  Remove		Johns				
4) Change Add Remove		) (1)				
5)ChangeAddRemove.						
6) Change Add Remove						
<u> </u>		Page 2 of 4	2750			

H160002750 77

			H160 U C	12134
amending or adding additional Ar	ticles, enter chang	e(s) here:		
stiach additional sheets, if necessary),	(Be specific)			
· · · · · · · · · · · · · · · · · · ·				<del></del>
		<u></u>	<u> </u>	
·				
	<del></del>		· · · · · · · · · · · · · · · · · · ·	
		···		<u> </u>
			·-·	·····
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
			<del>,,,-,,,</del>	•
<u> </u>				
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			· · · · · · · · · · · · · · · · · · ·	<del></del>
		· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an excl	hange reclassifica	tion, or cancellatio	n nf.lssned shares.	
provisions for implementing the ame	endment if not con	tained in the amen	dment itself:	
(if not applicable, indicate N/A)				
		····		
<del></del>	······································			<del></del>
		-		

3052201440

The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:
(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 not be listed as the document's effective date on the Department of State's records.
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 reparately provided for each voting group entitled to vota separately on the amendment(s):
"The number of votes oast 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 liteographics without shareholder action and shareholder action was not required.  Dated
Signature
(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)
KHAMMAKED MA KAMITAL
(Typed or printed name of person signing)
Prosident