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COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HATIAN AMERIC	CAN MARKET INC		; ;
DOCUMENT NUM	BER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
	GAELLE DORSAINVIL			1
		Name of Contact Person	n	
				1
		Firm/ Company		
	8204 WHITE ROCK CIRCL			
		Address		1
	BOYNTON BEACH, FL 33-			
		City/ State and Zip Cod	¢	
CHz	ANTED83@YAHOO.COM			1
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
GAELLE DORSAN	WIL	at (860-0891	
Name	of Contact Person	Area Co	de & Daytime Telepl	ione Number
Enclosed is a check t	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 Fe Certificate of Sta Certified Copy (Additional Cop is enclosed)	atus
Mailing Address Amendment Section			Address Iment Section	
Division of Corporations			on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			i Building Executive Center Cire	le
		Tallah:	assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

HATIAN AMERICAN MARKET INC.

HATTAN AWERICAN MARKET INC		1		
(Name of	Corporation as currently filed	with the Florida Dept. of	[State)	
P17000081087				
	(Document Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this <i>Florida</i>	a Profit Corporation adop	ts the following amen	dment(s) to
A. If amending name, enter the new nar	ne of the corporation:			
LIANCOURT LEOGANE INC			The	45/3547
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co".		ted" or the abbrevia	ttion
B. Enter new principal office address, if	f applicable:			
(Principal office address MUST BE A ST	REET ADDRESS)			
(Mailing address MAY BE A POST O		Florida, enter the name o	of the	
Name of New Registered Agent		 		
			<u> </u>	
	(Florida street add	ress)		
New Registered Office Address:	(City)	, FI	lorida(Zip Code)	
ew Registered Agent's Signature, if ch hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar with an Signature of New Register		f the position.	
			••	~ .

P = President; V= Vico Executive Officer; CFO held, President, Treasu Changes should be note	lirector til 2 Presiden) = Chief ver, Direct 2d in the fö	tle by the first letter of the office to it; T= Treasurer; S= Secretary; ; Financial Officer. If an officer/o tor would be PTD. Ollowing manner. Currently John	D= Director: TR= Trustee: C = Chairman or Clerk: CEO = Chief lirector holds more than one title, list the first letter of each office. Doe is listed as the PST and Mike Jones is listed as the V. There is
		corporation, Sally Smith is named lly Smith, SV as an Add.	I the V and S. These should be noted as John Doe, PT as a Change,
Example: XChange	PT	John Doe	1
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
) Change			
Add			
Remove			
Change			
Add			

· 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:

____ Remove

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
	1
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	<del>-</del>
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an amendment provides for an exchange, reclassification, or cancellation or povisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	of issued shares, nent itself:
	1
	· · · · · · · · · · · · · · · · · · ·
	1

The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment	t file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	1
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for approval.	or the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
	for the amendment(s) was/were sufficient for approva	ı
by	(voting group)	<u>.</u> "
	(voting group)	1
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action a	and shareholder
Dated	m. 5.18	
Signature _	scelle som	>
	rector, president or other officer – if directors or office. I, by an incorporator – if in the hands of a receiver, true	
	ed fiduciary by that fiduciary)	t turner to the count
	GAELLE DORSAINVIL	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	