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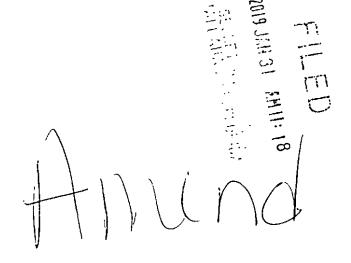
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COVER LÉTTER

TO: Amendment Section Division of Corpo	rations	,			
NAME OF CORPOR	ATION:M	chely Hemi	ander, FNC.		
DOCUMENT NUMB		19000005	9/4		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		Michely H	hernander ernander FNC.		
-		Name of Contact Perso	n and and Apr Till		
-	MIMERY HERVANAEL ANC.				
	5579 BI	scaune Dri	ive		
-					
	Ureenach	res, FC 334	163		
•	City/ State and Zip Code MICHELY HOT MAIL COM E-mail address: (to be used for future annual report notification)				
	michely	hder @ Ho	TMALL.COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
_	Hernander		301-2683 Date & Daytime Telephone Number		
	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	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 Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mail	ing Address	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 Amendment

to
Articles of Incorporation

Mich	oh Hervande	07 TA//.	
(Name of Corporation a	s currently filed with the Fl		
DIADOLOO 5914 ta	14 11001109	70 5	
(Document	Number of Corporation (if kr	iown)	
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Cor	poration adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corpor	ration:		
	- 		The new
HERE IS SENTING INTERPRETATION OF SENTENCE OF SENTENC	A profession		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>		
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	· 2 m
		··	
D. If amending the registered agent and/or registered of		ter the name of the	18
new registered agent and/or the new registered offic	ce address:		**
Name of New Registered Agent			-
	(Florida street address)		_
New Registered Office Address:		Florida	
	(City)	(Zip	Code)
I hereby accept the appointment as registered agent. I am		obligations of the position.	
			
Nonaturi	e of New Registered Agent if	cnanging	

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.

Mike Jones, V as Remov	re, and Sali	ly Smith, 8V as an Add.	
Example: XChange	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	_ρ.	Michely Hernander	6679 BISCAYNE DV Greenacres, FL 33463
_X_Add			Greenacres, FL
Remove			33463
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change	·		
Add			
Remove			

• • • • • • • • • • • • • • • • • • • •	(Be specific)
<u> </u>	
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

	te this document was signed.	, if other than the
	Tective date if applicable:	
LI	(no more than 90 days after amendment file date)	
No EE	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not seem to the second of t	ot be listed as the
Αc	doption of Amendment(s) (<u>CHECK ONE</u>)	
K	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.	
8	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):	
	類問題 医动脉管 医动脉管 医动脉管 经产品 医动脉管 医动脉管 医动脉管 医动脉管 医动脉管 医动脉管 医动脉管 医动脉管	
	by	
	(voting group)	
8	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
8	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Dated	
	Signature	_
	(By a director, president or other officer B if directors or officers have not been selected, by an incorporator B if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Michely Hemander	
	(Typed or printed name of person signing)	
	president	
	(Title of person signing)	