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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: AN PIVE	INC.
DOCUMENT NUMBER: P930 000879	•33
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
MARIO E. M	
ANPIVE INC.	Contact Person
6925 NW 52	-
	Idress
Miani, FL.	33166
City/ State	and Zip Code
DEPOTRESOBELLS	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please of	pall:
MARIO E. MORENO at	(305) 599-8830
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
	reet Address
	nendment Section
_	vision of Corporations ifton Building
	61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation.

ADIOOCT -6 PM 1:27 (Name of Corporation as currently filed with the Florida Dept. of State)

P93000087633

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporati		is Florida Profit Corporation adopts the fol
A. If amending name, enter the new name	ne of the corporation:	
	r the designation "Corp,"	The new on," "company," or "incorporated" or the "Inc," or "Co". A professional corporation or the abbreviation "P.A."
B. Enter new principal office address, if (Principal office address MUST BE A ST		1
	· · · · · · · · · · · · · · · · · · ·	*
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	able: FFICE BOX)	
D. If amending the registered agent and new registered agent and/or the new		
Name of New Registered Agent:	MARIO E	192ND ST. 5B
New Registered Office Address:	Florida str	reet address) RA Florida 33180 (Zip Code)
New Registered Agent's Signature, if cha	anging Registered Agent:	
I hereby accept the appointment as register	OUE C	with and accept the obligations of the position.
	Signature of New Regis	stered Agent, if changing
	Page 1 of 3	
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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)

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