## P96000045654

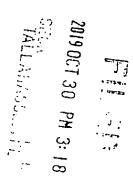
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## **COVER LETTER**

. TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: DGINIE CORPORATION				
DOCUMENT NUMBER: P9600045654				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
BARRY Alan LEhman				
Name of Contact Person				
GUY BOCA MARINA COURT.				
BooA RATON FL 33487				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
BARRY Alan Lehman at 561, 866 6142  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation of

OGILVIE	, CORPORATIO	MC
(Name of Corporation as current	tly filed with the Florida Dep	t. of State)
P96 00	CO45654	
(Document Number	of Corporation (if known)	<del> </del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation attention name must contain the
B. Enter new principal office address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		28
	· · ·	<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NIH	
		المسادة المساد
		00
•	<del></del>	
D. If amending the registered agent and/or registered office add		me of the
, new registered agent and/or the new registered office addres	·	
Name of New Registered Agent	N/H	
(Florida s	treet address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Nam Dagistared Agent's Signature if changing Degistered Agen	ıt·	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligation	ns of the position.
Sign atoms of New	Registered Agent, if changing	

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	PT	John Doc	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	BARRY AlAN LELMAN	LYY BOCA MARINA COUR BOCA RATON FL 3348-
Add		1	BOCA RATON FL 3348-
Remove	v 1		
2) Change	$\sqrt{}$	ROBIN B. SCHWARTE	644 BICA MARINA COURT
Add			BOCA RATON FL 3348
Remove			
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			<del></del>
Remove			
6) Change		_	<del></del>
Add			
Ramove			

Attach additional sheets, if necessary). (Be	specific)
	NIA
	l
	<del></del>
	<u> </u>
<u> </u>	
f an amendment provides for an exchange,	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
	A ( 1 M
	NIA
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(n	o more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not n document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as the e's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximate the shareholders was a sufficient for approximate the shareholders was a shareholder for approximate the shareholder	eholders. The number of votes east for the amendment(s) oval.
	archolders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval
by	."
(voting	group)
☐ The amendment(s) was/were adopted by the boar action was not required.	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	rporators without shareholder action and shareholder
Dated	2. Lehnan
(By a director, presiden	t or other officer - if directors or officers have not been
selected, by an incorpor appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court that fiduciary)
	1
BARRY	ed or printed name of person signing)
PRESID	ENT
	(Title of person signing)