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And

NOV 01 2013 R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BYZANTIN	E INVESTMEN	TS, INC.
	BER: P9700004178		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PANAGIOTA LAZA	AROU-AMANNA	
	BYZANTINE INV	Name of Contact Person ESTMENTS, IN	
		Firm/ Company	
	220 SOUTH FED	ERAL HIGHWA	Υ
		Address	
	HALLANDALE BI	EACH, FL 33009	9
		City/ State and Zip Cod	e
ТО	ULA.AMANNA@G	MAIL.COM	
		sed for future annual report	notification)
	on concerning this matter, pleas		、610-4570
	of Contact Person	aı (	_/
ivaine	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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 Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address  Imment Section on of Corporations Building Executive Center Circle
		i anana	assee, FL 32301

## Articles of Amendment ' to **Articles of Incorporation**

FILED

## BYZANTINE INVESTMENTS, INC.

13 OCT 28 PM 3: 26

(Name of Corporation as currently filed with the Florida Dept. of State ORETARY OF STATE TALLAHASSEE, FLORIDA P97000041783

ment(s) to

10 4		
If amending name, enter the new name of	the corporation:	
me must be distinguishable and contain th orp.," "Inc.," or Co.," or the designation " rd "chartered," "professional association," (	e word "corporation," "company," or "incorpora "Corp," "Inc," or "Co". A professional corporation or the abbreviation "P.A."	ted" or the abo in name must c
Enter new principal office address, if appl	licable:	
incipal office address <u>MUST BE A STREE</u>		
		<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC		
	egistered office address in Florida, enter the name	of the
If amending the registered agent and/or renew registered agent and/or the new regis		of the
		of the
new registered agent and/or the new regis		of the
new registered agent and/or the new regis		of the
Name of New Registered Agent	(Florida street address)	of the
new registered agent and/or the new regis	stered office address:	of the
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent	(Florida street address)	
new registered agent and/or the new regis  Name of New Registered Agent  New Registered Office Address:  Wegistered Agent's Signature, if changing	(Florida street address)  (City)	(Zip Code)

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.

X Change	<u>PT</u> <u>J</u>	lohn Do	<u>e</u>	
X Remove	<u>v</u> <u>n</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u> <u>s</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DIREC	TOR	BERTORELLI, THOMAS	220 S FEDERAL HWY
Add				HALLANDALE BEACH, FL
Remove				33009
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
i i Kemove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
_	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and and itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: OCTOBER 24, 2013	, if other than th
date this document was signed.	
Effective date if applicable: OCTOBER 24, 2013	
(no more than 90 days after amendment file date)	
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 separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
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 incorporators without shareholder action and shareholder	
action was not required.	
Dated OCTOBER 24, 2013	
Signature P. Janapou - alliamo	
(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)	
PANAGIOTA LAZAROU-AMANNA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_