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| Special Instructions to I | Filing Officer: | | |
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COVER LETTER

TQ: Amendment Section Division of Corporations

| NAME OF CORPORATION: Ronan Inve | estments, Inc. | |
|--|---|---|
| DOCUMENT NUMBER: <u>P98000011943</u> | | |
| The enclosed Articles of Amendment and fee ar | re submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| Nicole S. Ofstein | | |
| (Name o | of Contact Person) | |
| Ofstein & Associates, P. | .A. | |
| (Fir | m/ Company) | |
| 20283 State Road 7, Suit | e 300 | |
| | (Address) | |
| Boca Raton, FL 33498 | | |
| (City/ St | ate and Zip Code) | |
| For further information concerning this matter, | please call: | |
| Nicole Ofstein | at (561) 955-91 | 139 |
| (Name of Contact Person) | (Area Code & Daytime | e Telephone Number) |
| Enclosed is a check for the following amount: | | |
| ✓ \$35 Filing Fee | □\$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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cl Tallahassee, FL 32301 | ircle |

Articles of Amendment to Articles of Incorporation of



| Ronan Invest | ments. | Inc |
|--------------|--------|-----|
|--------------|--------|-----|

(Name of corporation as currently filed with the Florida Dept. of State)

| P98000011943 | |
|--|--|
| (Document number of corporation (if known) | |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") |
|--|
| (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| Article Eight, Name & Address of Initial Officers and Incorporators, |
| shall be amended to reflect that effective 09/17/06, |
| the officer(s) of the corporation shall be as follows: |
| President: Dr. Nancy Kirsner, 8525 SW 92 Street, #A3, Miami, FL 33156 |
| Vice President: Nicole S. Ofstein, 6785 NW 74 CT, Parkland, FL 33067 |
| Treasurer: Selma Magram, 6697 SW 70 Ave, S. Miami, FL 33143 |
| Secretary: Selma Magram, 6697 SW 70 Ave, S. Miami, FL 33143 |
| · |
| |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/ |
| N/A |
| |
| |

(continued)

| The date of each amendment(s) adoption: 09/17/06 |
|---|
| Effective date if <u>applicable</u> : 09/17/06 |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) |
| The amendment(s) was/were approved 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 |
| (voting group) |
| ☐ 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. |
| Signature (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) |
| Dr. Nancy Kirsner (Typed or printed name of person signing) |
| President |
| (Title of person signing) |

FILING FEE: \$35