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Examiner's Initials (128

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

WRHAPSODY INC. OF GAINESVILLE

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Article III: Shares

The shares are split to 5 for Sandra Ferrara, CEO 5 for Steven Spivak, President

Article IV: Registered Agent & Address:

Steven Spivak 12 NW 13th St. Gainesville, FL 32601

Article V:

Steven Spivak, President Sandra L. Ferrara, CEO 2635 SW 35th PL, #1603 Gainesville, FL 32608-3277 99 NOV 18 AM 11: 20
SECRETARY OF STATE
ANIASSEE, FLORIDA

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 11-18-1999

FOURTH: Adoption of Amendment(s) (CHECK ONE)

X <b>EX</b> X	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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			
	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.			
Signed the Signatur Signatur Signatur	sandra F Ferrara CEO			
Having be corporated I further of performate registered	een named as registered agent and to accept service of process for the above stated on, I hereby accept the appointment as registered agent and agree to act in this capacity. agree to comply with the provisions of all statutes relative to the proper and complete nce of my duties, and I am familiar with and accept the obligation of my position as I agent.			
	(Signature of Registered Agent)			
If signing o	on behalf of an entity.			

(Typed or Printed Name)

(Capacity)