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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Anend

## **COVER LETTER**

NAME OF CORPORATION:

**TO:** Amendment Section Division of Corporations

DOCUMENT NUMBER: P9900	0004178	···
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Jennifer (Name	Falkon e of Contact Person)	<u>.</u>
	anstruction;	Inc
5900 Stirli	ng Rd Bay	10
Ft. Lauderdale	E FL 33021. State/ and Zip Code)	<u> </u>
For further information concerning this matter	r, please call:	
Jennifer Fadlon (Name of Contact Person)	at ( <u>954</u> ) <u>791</u> (Area Code & Daytime 1	So5 (Celephone Number)
Enclosed is a check for the following amount:		
▼1 \$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	Street Address Amendment Section	n

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Articles of Amendment to
Articles of Incorporation

of		
(Name of corporation as currently filed with the Florida Dept. of State)	<b></b> -	,
P99000041) 8 (Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	1	
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.	<del>-</del> .")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	s)	
I. Article VI is hereby Added to the Articles of Incorporation, and States as follows:	⊋ <b>-</b>	
(A) Yuval Fadlon Vice President 50%	, si	
	7 SEP ECRETA LAHA	د
	RY OF	FILE
	8:51 STATE LORIDA	YED O
(Attach additional pages if necessary)	-	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisi- for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate		
(\)/H	<u>.</u>	
(continued)	-	
(CORDINACO)		

The date	of each amendment(s) adoption:
Effective	date if applicable:
•	(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 an shareholder action was not required.
Signed this	s day of
	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)
	Jenifer Fallon (Typed or printed name of person signing)
	President Director 50%

FILING FEE: \$35