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Mary Samuel Samu

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: BISSLI INC		
DOCUMENT NUM	BER: S92009		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	LESLIE E DOLIN	I	
		Name of Contact Person	n
	LESLIE E DOLIN	I CPA	
		Firm/ Company	
	5285 SW 38 AVE	Ξ	
		Address	
	FT LAUDERDAL	E, FL 33312	
		City/ State and Zip Cod	e
сра	a1040@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
Familian in Commenti		II.	
For turther information	on concerning this matter, pleas	se can:	
LESLIE E D	OLIN	_{at (} 954	965-4666
Name	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)
Ma	iling Address	<u>St</u> reet	Address
	endment Section		lment Section
	vision of Corporations D. Box 6327		on of Corporations Building
	lahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

R	ISSL	l	Ν	\sim
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DIOOLI IIVO			
(Name of Corporation as	currently filed with the Florid	a Dept. of State)	رسط ورشي دسط ورشي
S92009			ALS II
	nt Number of Corporation (if kno		
(Documen	it rumout of corporation (if the	******	
Pursuant to the provisions of section 607.	1006, Florida Statutes, this Flor	ida Profit Corporatio	n adopts the following amend
its Articles of Incorporation:			
A. If amending name, enter the new na	ime of the corporation:		iii do
			運馬 の
name must be distinguishable and con	tain the word "composition"	"annanama" on "ina	The The
"Corp.," "Inc.," or Co.," or the design			
word "chartered," "professional associa			•
B. Enter new principal office address,	if annlicable:		
(Principal office address MUST BE A S			
	· · · · · · · · · · · · · · · · · · ·		
	_		
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
	-		
	_		
D. If amending the registered agent an	d/or registered office address i	n Florida, enter the	name of the
new registered agent and/or the nev		in a torically enter the	<u></u>
N CN - Projection of Armond	ELAN COHEN		
Name of New Registered Agent			
	2145 STIRLING R		
	(Florida street ad	ldress)	
New Registered Office Address:	FT LAUDERDALE	, Flori	_{ida} 33312
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am fa mf li d t ffith d	ınd accept the obligat	ions of the position.
X ′	nc		
Sis	gnature of New Registered Agent	, if changing	
	. y 6		

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MENAHEM COHEN	2145 STIRLING ROAD FT LAUDERDALE, FL 33312
Add × Remove			11 5 105 2 107 102 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) Change	PVST	ELAN COHEN	2145 STIRLING ROAD FT LAUDERDALE, FL 33312
× Add Remove			FI LADDERDALE, FL 33312
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change		_	
Add Remove			
Character Character		·	
6) Change Add Remove			

	ing or adding addi Iditional sheets, if n	ecessary). (Be sp	pecific)	-	
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			-		
•					<u></u>
provision	ndment provides for implementing to applicable, indicated to the second	ng the amendment	eclassification, or if not contained i	cancellation of issuent its	ed shares, self:

he date of each amendment(s) ad	option: 5/2/2012			
ffective date <u>if applicable</u> : (no more than 90 days after amendment file date)				
doption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amer ficient for approval.	ıdment(s)		
	oved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment			
"The number of votes cast f	or the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
action was not required.	oted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder			
(By a dir selected	ector, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or other diductions by that fiduciary)			
-	ELAN COHEN (Typed or printed name of person signing)			
_	PRESIDENT (Title of person signing)			
	(Title of person signing)			