

**ROSS MILLER** Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4520 (775) 684-5708 Website: www.nvsos.gov



## **Certificate of Amendment**

(PURSUANT TO NRS 78.380)

USE BLACK INK ONLY - DO NOT HIGHLIGHT	ABOVE SPACE IS FOR OFFICE USE ONL
Certificate of Amendment to Articles of In	Corporation
For Nevada Profit Corporation	l
(Pursuant to NRS 78.380 - Before Issuanc	e of Stock)
1. Name of corporation:	
Superior Ostrich INC.	
2. The articles have been amended as follows: (provide article number	ers, if available)
WEEKE 20thorized shares	
Sheres of comman to:	
500 million - Comm	NONE
10 Million - Prete	wed
3. The undersigned declare that they constitute at least two-third	ls of the following:
(check only one box) incorporators board of direct	ctors
	an 90 days after the certificate is filed)
<ol><li>The undersigned affirmatively declare that to the date of this ce corporation has been issued.</li></ol>	rtificate, no stock of the
6. Signatures: (If more than two signatures, attach an 8 1/2" x 11" plain shee	t with the additional signatures.)
x Reg Library X	
Authorized Signature Authorized Sig	nature
IMPORTANT: Failure to include any of the above information and submit with the pro-	oor food may appear this file and the

ormation and submit with the proper fees may cause this filing to be rejected. This form must be accompanied by appropriate fees. Nevada Secretary of State Amend Profit-Before



Revised: 1-11-11



**ROSS MILLER** Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

## **Customer Order Instructions**

SUBMIT THIS COMPLETE	D FORM WITH YOUR FIL	ING		USE BLACK INK ONLY - DO NOT HIGHLIGHT
Proces Service Re	0	Regular	24-H	our Expedite (additional fee included)
Name of Entity:	Supre	riorOst	Àd	Date: 8/27/2013
Return to:	242045 SUD (	ComiEL Storey ALES, AZ	Path 1 85249	3
Contact Name:	James (	PINEL	Phon	e: 4800-321-6850
Return Delivery	(email or fax option	ons do not receive a copy	via mail; must	be ordered separately)
		speriorostich.		
		Address Above		
Other: (explain l				2
				e e
Order Descriptio	n: (include items be	ing ordered and fee break	down)*	
	icate a		diner	to incresse
*PLEASE NOTE: this stamped copy ordered copy is \$2.00 per page	l at the time of filing is	inal paperwork. The first s at no charge. Each add ch certification).	file T itional	otal Amount: #3¢¢. —
Method of Payme				
Check/Money	Order Cre	dit Card (attach ePayme	nt checklist)	Trust Account:
	emaining in job	production of the second secon		
				Nevada Secretary of State Customer Order Instructions





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## ePayment Checklist (For Counter, Fax and Mail Requests)

Service Type: Counter Mail	Fax	USE BLACK INK ONLY - DO NOT HIGHLIGHT
Order Processing Requested: (Exp	edite Processing Reg	uires Additional Fees)
Regular Processing 24-HOUR Exped		
27 110 CK Exped	Z-HOUR	Expedite 1-HOUR Expedite
Payment by Card (card holder name and h	billing address requir	red below)
Card Type: VISA MasterCar	d Discove	er American Express
Customer Credit Card Number:		V CODE*
5441683\$57	18300	191 081
* 3-digit number found on the far right of the 4-digit number found on the front right sight.	ne backside of VISA, Masterd de of American Express card	Card and Discover cards
<b>NOTICE:</b> For security and verification purposes, all cr (VCode) number located on the credit card. Failure to request.	redit card payments mu	est include the 3 or 4 digit CVV/2 and
Credit Card Expiration Date: Month	Year 7	\$16
	Amount to	Charge Card: USD \$ 300.
Order Information (required)		
Entity Name/Order Reference:	crior Ost	Fich INC.
Card Holder Information:		
Name as it Appears on the Account	MES R. C.	リレンミモ
Billing Address 24	2\$45.54	EXECUTATE Drive
City, State, Zip	N Cakes f	7285248
Telephone 48	Ø-321-E	028
Payment Authorization  I authorize the Secretary of State to bill an amount not	to exceed the following	to be observed to the about
account(s):	to exceed the following	to be charged to the above listed
X	Not to Ex	ceed Amount: USD\$ 360
Authorized Signature		

PROFIT) INITIAL LIST OF OFFICERS, DIRECTORS AN STATE BUSINESS LICENSE APPLICATION OF:	D REGISTERED F	FIL	E NUMBER	
UPERIOR OSTRICH INC.				
AME OF CORPORATION AUG, 2013 TO AUG, 2014.	Due by Sep 30, 2013	E	0381252013-8	
YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov**	ac cy sep ec, 2015	1 188191 1181		
entity's duly appointed registered agent in the State of Nevada upon whom process can	be served is:			
RESIDENT AGENTS INC.			100101	
42 COURT ST. ELKO NV 89801				
A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: www.nv	sos.gov			
E BLACK INK ONLY - DO NOT HIGHLIGHT			IS FOR OFFICE USE	ONL
Return one file stamped copy. (If filing not accompanied by order instru	ctions, file stamped copy	will be sent to registere	d agent.)	
<u>PORTANT:</u> Read instructions before completing and returning this form.  Print or type names and addresses, either residence or business, for all officers and direc	tors. A President. Secretary.	. Treasurer, or equivalent o	f and all Directors mu	st be
med. There must be at least one director. An <b>Officer</b> must sign the form. FORM WILL E If there are additional officers, attach a list of them to this form.				
Return completed form with the filing fee of \$125.00 filing fee. A \$75.00 penalty must be		rm by the deadline.		
State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for fail Make your check payable to the Secretary of State.	ure to file form by deadline.			
Ordering Copies: If requested above, one file stamped copy will be returned at no additi py fee of \$2.00 per page is required for each additional copy generated when ordering	ional charge. To receive a ce 2 or more file stamped or cer	ertified copy, enclose an ad rtified copies. Appropriate	lditional \$30.00 per ce instructions must	rtifica
company your order. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City,				
Form must be in the possession of the Secretary of State on or before the last day of the	first month following the incor		date. (Postmark date	
			P	
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