NO4000007650

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600061890906

oppoints that the the other memory and

FILED
05 DEC -5 AH ID: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND CROP 1299

COVER LETTER

Enclosed is a check for the following amount:

TO: Amendment Section

\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certified C

□\$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 Circle
Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation

(Name of corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

OSDEC -S MID: 01

The date of adoption of the americative date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was for the amendment was	s (were) adopted by the members and the number of votes cast sufficient for approval.	
	or members entitled to vote on the amendment. The adopted by the board of directors.	
	vice chairman of the board, president or other officer- if directors ed, by an incorporator- if in the hands of a receiver, trustee, or	
	fiduciary, by that fiduciary.)	
(Турес	AROLYN French I or printed name of person signing)	
P	esident	
(Title of person signing)		

FILING FEE: \$35