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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
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EX. 12-5-13

MC 12-10-13 DC

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: CYCHE, INC. DOCUMENT NUMBER: POLO 00000 407		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Angela Genham Name of Contact Person Graham'S Concrete, Juc. Firm/ Company 122 ACROLEMY AVE Address Sauford FL 3271 City/ State and Zip Code Ongela Shenell @ Ughob. Com E-mail address: (to be used for future annual Jeport notification)		
For further information concerning this matter, please call:		
PINAEIA GRAHAM at (407) 325 0885 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporat	tioı
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Articles of file	orporation	
Gramm's Com	Ple. Troc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
POLODODODO 467		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:		owing amendment(s) to
A. If amending name, enter the new name of the corporation: 5 Star Connete, In	c. 12,5.13	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name n	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DIA È	
	50 50 50	BEC -4
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	8. 1 Sec. 1 Cont. 1 Co
Name of New Registered Agent \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5 8
(Florida stre	et address)	
New Registered Office Address:	, Florida	-1
(City)	(Zip Code	<i>!)</i>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the posit	ion.
Signature of New Registered A	gent, if changing	

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: XChange	<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		NIA	
Add			
Remove			
2) Change		NA	
Add			
Remove			
3) Change		NA	
Add			
Remove			
4) Change		WA	
Add			
Remove			
5) Change		NIA	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

Attach aa	litional sheets, if necessary). (Be specific)	
	NIA	
<u></u>		
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
provision	ndment provides for an exchange, reclassification, or cancellation of issued shares, is for implementing the amendment if not contained in the amendment itself: t applicable, indicate N/A)	
	NIA	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 20 days after amenament fire date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 and shareholder action was not required.	
Dated $12-2-13$	
Signature Onlla Waran	_
(By a director, plesident 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)	
ANGELA GrAHAM	
(Typed or printed name of person signing)	_
V P	_
(Title of person signing)	