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SECRETARY OF STATE STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: LOPRAINE	GARRETT INC
DOCUMENT NUMBER: P070000	5988
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Lorraine	Osgood
Na	ame of Contact Person
F	Osgood, INC
826 Logo	gerhead Lane
	L Key FL 33042 ty/ State and Zip/Code
	+3@ 9 mail. CoM r future annual report notification)
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please call	:
Rita Couch	at (305) 745-4077
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
Certificate of Status (Additional copy is enclosed) \$\int_{\$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 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with		
Lorraine GARRET		10700005988
(Document Number of Corpora	tion (if known)	
rsuant to the provisions of section 607.1006, Florida Statute: Articles of Incorporation:	s, this <i>Florida Profit</i>	Corporation adopts the following amendment(s
If amending name, enter the new name of the corporation	on:	
LF Osgood INC		The new
The DS 900d INC The must be distinguishable and contain the word "corp Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., ord "chartered," "professional association," or the abbrevia	" or "Co". A profe.	" or "incorporated" or the abbreviation ssional corporation name must contain the
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		020
		
		ES MR J PR
Enter new mailing address, if applicable:		د'
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
161		
If amending the registered agent and/or registered offic new registered agent and/or the new registered of fice an		, enter the name of the
Name of New Registered Agent		
Name of New Registered Agent		·
(Flo	rida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(City)	, Florida
		, ,
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am far	niliar with and accep	t the obligations of the position.

Signature of New Registered Agent, 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: 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>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			
6) Change			
Add			

	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)					
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If an amendme	nt provides for a	<u>ın exchange,</u> ve amendmen	reclassification	or cancellation	of issued shares	is.
provisions for	implementing th	e amendmen	reclassification it if not contain	, or cancellation ed in the amend	of issued shares ment itself:	i.
provisions for	nt provides for a implementing th licable, indicate i	e amendmen	reclassification it if not contain	, or cancellation ed in the amend	of issued shares ment itself:	ė.
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provisions for	implementing th	e amendmen	reclassification t if not contain	or cancellation	of issued shares ment itself:	

The date of each amendment(s) ado	ption;	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	2-15 Golde ector resident or other officer – if directors or officers have not been	
Signature	XGollel	
(D) a dii	cotor, president of other eliter in another of eliteration	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
арроппе	i	
	(Typed or printed name of person signing)	
_	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	