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Amerel News 2-26-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLACK	HORSE VENTURES FINCE
DOCUMENT NUMBER: P67000	046938
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
RANDOU E GE (Name of Co	ntact Person)
BLOCK HORSE VE	WJUNES ompany)
PO Box 2720 (Add	SO tress)
TAMPA FL (City/State a	33688 nd Zip Code)
For further information concerning this matter, plea	se call:
Rand GENTRY (Name of Contact Person)	at (813) 949-6000 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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

SILED 09 FEB 26 PM 2: 41

PLACE TORSE VENTURES, INC. MALLAHASSEE. FLORIDA

PO700046938

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A.	If a	mending	name,	enter	the ne	w name	of the	corpor	ation:

The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation namassociation," or the abbreviation "P.A."	" "Inc.," or Co.," or	the designation "Corp,"	"Inc," or
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:		ess in Florida, enter the	name of the
New Registered Office Address:	(Florida str	eet address)	
	(Cit	, Flor	ida <i>ip Code)</i>
New Registered Agent's Signature, if changing is the property of the appointment as registere position.		ar with and accept the c	obligations of the
- -	Signature of New Regis	tered 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)

<u>Title</u>	Name	Address	Type of Action
_ <u>D</u> _	MyENS, DONIEL	19007 TPC BLUD LUTZ, FL 33558	Add Remove
			Add Remove
-			Add Remove
	tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of isot contained in the amendment	ued shares.

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file 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 statemen 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 Noo. 20, 200 8
Signature (By a director, president 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)
(Typed or printed name of person signing)
Passiber (Title of person signing)