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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations **DOCUMENT NUMBER** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) (Address) (Cfty/ State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$43.75 Filing Fee & \$52.50 Filing Fee \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Sonset		Estate	how me
(Name of Corporation as curre	ently filed with t	he Florida Dept. of Sta	vte)
(Document Num	nber of Corporati	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incor		es, this <i>Florida Profit</i>	Corporation adopts the
A. <u>If amending name, enter the new name of</u>	f the corporation	s Enterpr	rises, Inc.
The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	na contain the "Inc.," or Co.,	word "corporation," " or the designation "	"company," or Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	CE BOX)		OB NOV -B PH 1: 24 SECRETARY OF STATE
D. If amending the registered agent and/or new registered agent and/or the new registered.			ter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	_
			, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ot the obligations of the
	Signature of New	Registered Agent, if cha	inging

If amending the Officers and/or Directors, enter to removed and title, name, and address of each Officers (Attach additional sheets, if necessary)	
Pittle Name Uplixia Rias Abraham Mys	Address Type of Action Add Add Remove Add Remove
E. If amending or adding additional Articles, ento (attach additional sheets, if necessary). (Be spe	
F. If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	eclassification, or cancellation of issued shares, if not contained in the amendment itself:

• The date of each amendment	t(s) adaption:	10	30	08	
	(s) adoption:				-
Effective date <u>if applicable</u> :	(no more than 90 a	lang after amon	dmont file date	·	_ :
	(no more than 90 a	iays ajter amen	ameni jile aale,	,	
Adoption of Amendment(s)	(CHEC	CK ONE)		g:	
The amendment(s) was/we by the shareholders was/was			e number of vo	tes cast for the amendme	ent(s
The amendment(s) was/we must be separately provide					eme:
"The number of votes	cast for the amendm	ent(s) was/wer	e sufficient for	approval	
by	(voting group)		.,,		
	(1011118 810111)				
The amendment(s) was/we action was not required.	ere adopted by the bo	oard of directors	without sharel	nolder action and shareho	olden
The amendment(s) was/we action was not required.	ere adopted by the in-	corporators wit	hout shareholde	er action and shareholder	•
Dated	10 30	308			
Signature_					
(By seld		rator – if in the		or officers have not been iver, trustee, or other cou	
	Alone	them	heer	S	
	(Typed	d or printed nam	ne of person(s/g \	ning)	
		nesid	ent.		
	3 .	(Title of nerson	gionino)		