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TALLAHASSEE FLOMOR

Amenda

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DOE TRAIL
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (561) 627, 1883

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **☑** \$35 Filing Fee □ \$43.75 Filing Fee & **□ \$43.75** Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) . **Mailing Address Street Address Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building:

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment. to

Articles of Incorporation of

(I wante of Col potation as earlestly life (1)th it	10 Tiorium Deput of State)
P100000 428	768 · · · · · · · · · · · · · · · · · · ·
(Document Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>.</u>
	The new
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "prōfessional associat	rp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
••	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	104 DOE TRAIL
- -	JUPITER, FL 33458
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent:	44 MCGUIRE
A	DOE TRAIL la street address)
(City)	TER , Florida 33458 (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	
	The Welling

Page 1 of 3

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)

Title Name Address Type of Action BILL Mª GUIRE ☐ Add_ KATHY MCGUIRE Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s)) adoption:	
Effective date if applicable:	(date of adoption is required)	
	no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cae sufficient for approval.	st for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on th	
"The number of votes ca	st for the amendment(s) was/were sufficient for appro	val
by	,,	
(voting group)	l
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder	r action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder acti	on and shareholder
Dated	7/4/10	
Signature	Lathy M. Luci) } :
select	director, president or other officer - if directors or of ed, by an incorporator - if in the hands of a receiver, nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u>.</u>
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	