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To:

Division of Corporations

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From:

Account Name : STEVEN R. KUTNER, P.A.

Account Number : I20010000180

(407)644-1104

Phone Fax Number

: (407)629-0090

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SELLYOURCARTOUS.COM - 32837, INC.

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Amend

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[JUL' 0 2 2012

T. ROBERTS

F-472

July 2, 2012

FLORIDA DEPARTMENT OF STATE

SELLYOURGARTOUS.COM - 32837, INC. Division of Corporations 2885 ALOMA LAKE RUN OVIEDO, FL 32765

SUBJECT: SELLYOURCARTOUS.COM - 32837, INC.

REF: P12000044294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II

FAX Aud. #: H12000172333 Letter Number: 812A00017846



P.O BOX 6327 - Tallahassee, Florida 32314

Electronic Filing Menu

Corporate Filing Menu

Help

H12000172333 3				
, and the second	Articles of .	Amendment 2012	JUL-2 PH 2:59	
	Articles of I	corporation	-2 PM 2	
SELLYOURCARTOUS.	COM - 32837, II	VC.	4537 4 51	
(Name of Corporation a	s currently filed with the	Florida Dept. of State	ORIA	
P12000044294				
(Docume	nt Number of Corporation	(if known)		
ursuant to the provisions of section 607 • Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpor	ution adopts the following	amendment(s
If amending name, enter the new n	ame of the corporation:			
ame must be distinguishable and cor Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional	'incorporated" or the abb	he ne w reviation ntain the
. Enter new principal office address, if applicable:		1300 Rineh	art Road	
Principal office address MUST BE A STREET ADDRESS	Sanford, Fl	orlda 32771		
		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1300 Rineh	art Road	
		Sanford, Flo	orida 32771	
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	id/or registered office address v registered office address	lress in Florida, enter :	the name of the	
	1300 Rinehart	Road		
		rees address)		
New Registered Office Address:	Sanford	<u> </u>	Florida 32771	
	(Cily)	(Zip Code)	

Page 1 of 4

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>y</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	D	Sameer T. Asfoor	1300 Rinehart Road Sanford, Florida 32771
2) x Change Add Remove	<u>D</u>	Kristy A. Asfoor	1300 Rinehart Road Sanford, Florida 32771
3) Change Add Remove	,		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessar	ry). (Be specifi	c)			
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n amendment provides for an o	exchange, reclas	sification, or ca	ncellation of iss	ued shares.	
rovisions for implementing the s (if not applicable, indicate N/A	<u>imenament it no</u>	r contained in i	<u>ne amendment</u>	Mseil:	
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				,	

The date of each amondment(s) adoption: June 26, 7012	
luno 26, 2012	
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(a) 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 cant for the amendment(s) was/were sufficient for approval	
by	
☐ 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.	
Dared 6-28-12	_
Signature All Signature	E
(By e 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)	
Sameer Asfoor	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

Page 4 of 4