## P96000086994

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

Mary 13



700042215147

##35.00 \*\*35.00

FILED

OH OCT 29 AM 9: 16

ATT WHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE SINGH O	COMPANY	<del> </del>
DOCUMENT NUMBER: P96000086994		·
The enclosed Articles of Amendment and fee	are submitted for filing.	— — :=; — - ·
Please return all correspondence concerning t	his matter to the following:	
JENNIFER ROBERTS		
(Name	e of Contact Person)	<del>,</del>
THE SINGH COMPANY		
, (i	Firm/ Company)	
6805 OVERSEAS HIGHWAY		
	(Address)	, -
MARATHON, FL 33050		
(City/	State/ and Zip Code)	
For further information concerning this matte	r, please call:	
JENNIFER ROBERTS	at ( 305 ) 743-2810	
(Name of Contact Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount	:	
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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 Corpora 409 E. Gaines Street Tallahassee, FL 323	tions

## Articles of Amendment to Articles of Incorporation of

THE SINGH COMPANY		· · · · · · · · · · · · · · · · · · ·	- 25 N
(Name of corporation as cur	rrently filed with the F	lorida Dept. of State)	388
			me 3
P96000086994			STATE FLORIC
	mber of corporation (if	f known)	
(200minum	noor or corporation (in		DA C
ursuant to the provisions of section 607.100	6, Florida Statutes	, this <i>Florida Profit C</i>	Corporation
dopts the following amendment(s) to its Arti	icles of Incorporati	ion:	
TOTAL CORNOR LINES AND ALL SEE AND ALL SEE			
EW CORPORATE NAME (if changing):	<u>i</u>		
-			
Must contain the word "corporation," "company," or			
A professional corporation must contain the word "ch	ıartered", "professiona	d association," or the abbro	eviation "P.A.")
<u>MENDMENTS ADOPTED- (ÖTHER TI</u>	HAN NAME CH	ANCE) Indicate Artic	le Number(c)
nd/or Article Title(s) being amended, added			ie Numoci(s)
nurot Article Title(5) being amended, added	or defered. (DE DI	<u>LCITIC</u> )	
DD NEW OFFICER/DIRECTOR: ELIZABETH	NEWLAND, VICE P	RESIDENT (VP),	
805 OVERSEAS HIGHWAY, MARATHON, FL	33050	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		<u>*</u>
		<u>-</u>	<u></u>
	· <u>··</u>		
		, , , <del>,</del> ,	
		<u> </u>	<u> </u>
(144.1-13	1//		
(Attach add	ditional pages if necess	sary)	
f an amendment provides for exchange, recla	assification or can	cellation of issued sha	res, provision
or implementing the amendment if not conta	ined in the amend	ment itself: (if not applied	cable, indicate N
		· · · · · · · · · · · · · · · · · · ·	,
N/A		w with year	- <u> </u>
	·	<del></del>	<del>_</del>

(continued)

The date of each amendment(s) adoption: OCTOBER 15, 2004						
Effective (	date if <u>applicable</u>	<b>:</b>				
	<del> </del>	(no more than 90 days a	fter amendment file date)			
Adoption	of Amendment(s	(CHECK ON	<u>E</u> )			
	The amendment(sthe amendment(s	s) was/were approved b s) by the shareholders w	by the shareholders. The number of votes cast for as/were sufficient for approval.			
۵		ent must be separately p	by the shareholders through voting groups. The provided for each voting group entitled to vote			
	"The number		nendment(s) was/were sufficient for approval by			
	<del></del>		(voting group)			
		(s) was/were adopted by action was not required.	the board of directors without shareholder action			
Ø		(s) was/were adopted by on was not required.	the incorporators without shareholder action and			
Signed thi	s <u>15</u> day (	OCTOBER	2004			
	Signature	Sennie	er officer - if directors or officers have not been			
	se		f in the hands of a receiver, trustee, or other court			
	J	ENNIFER ROBERTS				
		(Typed or pri	nted name of person signing)			
	آ	REASURER				
		(Ti	tle of person signing)			

FILING FEE: \$35