Placoco OSCOY

(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
. (Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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03/28/12--01016--010 **35.00



COVER LETTER

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: City/ State and Zip Code hoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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			
EXPRESS Same Note 9/200 Coop			
(Name of Corporation as currently filed with the Florida Dept. of State)			
D12 (20000 6-01)			
(Document Number of Corporation (if known)			
(Bocament Number of Corporation (It known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment	:(s) tc)
A. If amending name, enter the new name of the corporation:			
∞			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre	e new		
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contoword "chartered," "professional association," or the abbreviation "P.A."	ain the		
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	•		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
$\sim \sim 1 \text{ h}$			
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·			
(Florida street address)	ered Other at the con-		
New Registered Office Address:, Florida		<u> </u>	
(City) (Zip Code)		唐	
्रा भ	, r	V	*****
,	4		25 and
New Registered Agent's Signature, if changing Registered Agent: I hardly accept the appointment as registered event. I am familiar with and generat the obligations of the position.	်ပည်း <u>ကို</u> (ရှာ (ရှိနှစ်)		t#\$
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		 .	
$\sim \sim $		<u>o</u>	
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> <u>Joh</u>	n Doe		
X Remove	<u>V Mik</u>	e Jones	•	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add Remove	S	Coralia (Pty 761 Ne #103, Mia 33175	1995 W. FL
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

		sheets. if ned		(Be spec					
	7)	To	0	FFIC	CER	Di	<u>Lec</u>
		S				orali	a	Ort	13
rovis	<u>ions for im</u>	provides fo plementing able, indicat	the amer	ange, rec idment if	lassification not conta	on, or cancell ined in the an	ntion of iss nendment	sued shares, itself:	
					1	A			

The date of each amendment(s) adopt	tion:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement th voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated	2/2/1/2012
Signature 🛪 🖊	
(By a direct	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court
appointed f	fiduciary by that fiduciary)
	David Ortiz
	(Typed or printed name of person signing)
	· PT
	(Title of parson signing)