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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Armed Errores Inc. DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: When A. Jabra, 659.
Name of Contact Person Law Offices of John A. Jabro
Firm/ Company 90311 Overseus Highway Svik B Toverniev Floride 33070
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 852 - 9233 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Hrmco Groves Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
328 137	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional Association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11525 NW 124 Street
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Medley, FL 33178
	17.00
	The state of the s
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11525 NW 124 Street 57 F
(Maning address MAT BE AT GOT GITTIGE BEX)	The state of the s
	Medly, FL 33M8 TO 3
D. If amending the registered agent and/or registered office addressed registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Ro	egistered 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>John</u>	Doe		
X Remove	<u>V</u> <u>Mik</u>	V Mike Jones		
_X Add	<u>SV</u> <u>Sali</u> y	y Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
Change Add Remove	PD	Branko G. Zundic	11525 NW 124 Street Medlay, FL 33TB	
2) _X_ Change Add	SD	Charles W. Price	25400 SW 189 AVC Princeton, FL 33037	
Remove 3) Change Add	5_	Gloria C. Price	25400 SW 139 Avc Princeton, FL 33032	
Remove 4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amenda	ment file date)
(no more than 30 days aner amenor	neni me vate)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	ist for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on a	
"The number of votes cast for the amendment(s) was/were sufficient for appr	roval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
by(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	r action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder act action was not required.	ion and shareholder
Dated 12/11/15	
Signature 3	CT
(By a director, president or other officer if directors or selected, by an incorporator – if in the Hands of a receive	
appointed fiduciary by that fiduciary)	
BRANKO Z	UNJLC
(Typed or printed name of person sign	ning)
DIRECTO	
(Title of person signing)	