383508

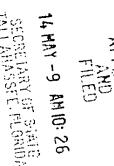
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C. LEWIS MAY 2 2 2014 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Langlo Bo	owling Supply	, Inc.		
DOCUMENT NUME	383508				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Jeffrey Langlo				
		Name of Contact Person	1		
	Langlo Bowling	Supply, Inc.			
		Firm/ Company			
	6935 Ridge Ro				
		Address			
	Port Richey, Fl	L 34668			
•		City/ State and Zip Cod	e		
For further information	E-mail address: (to be us	sed for future annual report	notification)		
Jeffrey Langlo		_{at (} 727	<u>,</u> 919-4475		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
₩ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$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		<u>Street</u>	Address		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

APPROYEU ANO FILED

Articles of Amendment to Articles of Incorporation of

14 MAY -9 AM 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Langlo's Bowling Supply, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 383508 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Langlo Bowling Supply, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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: Name of New Registered Agent (Florida street 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 with and accept the obligations of the position.

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 Do	e			
				NA		
X Remove	<u>V</u>	Mike Jo		171		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_			 ,	
Add						,
Remove						
2) Change		_	<u> </u>		, 	
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		****			 .	
Add						
Remove						
6) Change		_				
Add						<u> </u>
Remove						

	icles, enter change(s) here: (Be specific)
NH	
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<u></u>	
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	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exch provisions for implementing the ame	ndment if not contained in the amendment itself:
an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	indment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:



The date of each amendment(s) adop	tion:	14 MAY -9		, if other than the
date this document was signed.	-	SECRETARY TALLAHASS	OF STATE	 '
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 adopte by the shareholders was/were suffic	d by the shareholders.	The number of votes cast for th	e amendment(s)	
The amendment(s) was/were approvious to be separately provided for each				
"The number of votes cast for				
by	(voting group)	.,,		
	(voting group)			
The amendment(s) was/were adopte action was not required.	d by the board of directe	ors without shareholder action	and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators w	vithout shareholder action and	shareholder	
Dated5 - 1	1-14			
Signature	~) U_	-lo		
selected, b		fficer – if directors or officers the hands of a receiver, trustery)		
·· 	Jeffry	Langlo		
	(Typed o	or printed name of person signi	ng)	
	Presid	ent		
	_ (Title of person signing)		