550935

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enal) Huma)
(Document Number)
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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

Amend 10, 4.13.09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MICHO	? (?) (.)	INCORPOR	2ATED
NAME OF CORPORATION:	1 (10174	<u>-0.10</u>		
DOCUMENT NUMBER:	5509	3 <i>5</i>		
The enclosed Articles of Amendmen	t and fee are su	ibmitted fo	or filing.	
Please return all correspondence con	cerning this ma	itter to the	following:	
Ac 1	SELUCA (Name of Co			
·	(Name of Co	ntact Person)	
	(Firm/ C	ompany)		
11448	LAKEVIEU (Add	U DR	VE	<u> </u>
CORAL	SPRINGS (City/ State a	nd Zip Code	33065	
For further information concerning t	his matter, plea	se call:		
AL DELUCA (Name of Contact Person)		_at (<u> </u>	54) 753 · ea Code & Daytime Te	- 9083 lephone Number)
Enclosed is a check for the following	g amount made	payable to	the Florida Depart	tment of State:
\$35 Filing Fee \$43.75 Filing Certificate of		Certifie	onal copy is	\$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		Division Clifton B	ent Section of Corporations	e

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2009

AL DELUCA 11448 LAKEVIEW DRIVE CORAL SPRINGS, FL 33065

SUBJECT: MICHRON INCORPORATED

Ref. Number: 550935

We have received your document for MICHRON INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

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 filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 409A00010556

2009 APR 13 AH 8: 00
SECRETARY OF STATE AHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

•	of		State)
MICHRON I			
(Name of Corporation as curr		e Florida Dept. of S	State)
	6935		
(Document Nu	mber of Corporation	n (if known)	
rsuant to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provisions of section 607.100 lowing amendment(s) to its Articles of Incompared to the provision of the provision		s, this <i>Florida Pro</i>	fit Corporation adopts
If amending name, enter the new name of	of the corporation:		
e new name must be distinguishable of accorporated" or the abbreviation "Corp.,' o". A professional corporation name ociation," or the abbreviation "P.A."	' "Inc.," or Co.,	or the designation	"Corp," "Inc," or
Enter new principal office address, if apprincipal office address MUST BE A STREE			
	-		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		•	
(Matting duaress MAT BE A 1 031 0FF)	<u> </u>		,
•	_	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or	registered office a	ddress in Florida, (enter the name of the
new registered agent and/or the new reg			
Name of New Registered Agent:			
New Registered Office Address:	(Florida	a street address)	
			, Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if change ereby accept the appointment as registere sition.			cept the obligations of
w******			•

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>SD</u>	JULIA BOSSANO	2551 NW 92 AVE CORAL SPRINGS,FC 33065	Add Remove
			_ Add _ Remove
			Add Remove
(attach a	additional sheets, if necessary). (Be spe	ctric)	
		•	
provis	mendment provides for an exchange, rolons for implementing the amendment and applicable, indicate N/A)		

The date of each amendment(s) adoption: D3 15 09 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.			
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast f	or the amendment(s) was/were sufficient for approval			
by	,,			
(voti	ng group)			
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated 💆	3/15/09			
Signature	Wyll Jun			
selected,	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)			
	AL DELUCA			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			