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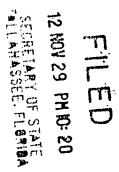
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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NOV 30 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Compan Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person 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** Street 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

Articles of Amendment to Articles of Incorporation of

\$001 \(\int_{-00} = \frac{1}{3} \)	Tor
(Name of Corporation as currently filed with the F	lorida Dept. of State)
64101	on beginning,
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida 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 "(word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	LGG SW 1579 STREET
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH & 3306
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	696 SW 15TH STREET POMPANO BEACH FR 33060
	POMPANO BEACH FE 33060
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	·
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
	ER 5 TI
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 Registered A	gent, 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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	•
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
	ESIDEN	<u> </u>	ARTHUR M. APPLEUAT	Pompano Beach Fr 33060
Add				POMPANO BESCH FL 3306D
Remove				
2) Change	MR.		ARTHUR M APPLECATE	230 S. CHPNess (U) #D
Add				Pompravo BERZH FL 33060
Remove				
3) Change				
Add Remove				
4) Change				
Add	 =:::			
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Pamova				

ach additional sheets, if necessary).	(Be specific)			
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		9		
n amendment provides for an exch	ange, reclassificatio	n, or cancellation	of issued share	es.
ovisions for implementing the ame (if not applicable, indicate N/A)	agment it not contai	ned in the amend	iment itself:	
		· · · -		
····				

The data of the boundaries (c) add	11/27/12
The date of each amendment(s) ado	ption:
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder
Dated 1 - 7	17-2012 0000
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Arthur M. Appleaate (Typed or printed name of person signing)
	President
	(Title of person signing)