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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

FILED

Amend

MAR 2 7 2012

T. BROWN

COVER LETTER

DFGOUVER 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: DOLORES F. GOUVER GOUVERT ENTER PRISES
Firm/Company Firm/Company

842 BRIDLEWOOD

Address gowertd Debellsouth, net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DOORCS F. GOUVERT at (561) 750 0650

Name of Contact Person Area Code & Daytime Telephone Number 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

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enclosed)

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Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Anendment Articles of Incorporation Articles of Incorporation OT ASSECTION AND THE PROPERTY OF STATE AND THE PROPERTY OF THE PROP	•	Articles of Amendment	2 0.	FILE
(Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment of the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment of Articles of Incorporation: If amending name, enter the new name of the corporation: The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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	<i></i>	to	WIZMA.	12
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New Registered Office Address: , Florida , Florida				
New Registered Office Address:, Florida		(Florida street address)		
(City) (Zip Code)	New Registered Office Address:		, Florida_	
		(City)	(Zip Code)	_
\cdot				

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 Doe						
X Remove	$\underline{\mathbf{v}}$	Mike Jones						
X Add	<u>sv</u>	Sally Smith	NO C	HANGE	DoLoRes 6842 F	F GOUVER BRIDLEWOO RATON, FL	2T P/D D CT - 3 3 433	
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u>		DUCA	Address		
Change Add Remove	Secy/T	Reas D_	SHAT	BON C.	<u>HAPMA</u> W	1415 SE DeeRF/ell FL 334	13 STRE D BCH 41	eT
2) Change Add Remove	Ada - A	_		<u> </u>	1100			
3) Change Add Remove								
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6) Change Add Remove			· · · · · · ·					

If amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
If an amendment provides for an eyels	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	,

The clate of each amendment(s) adoption: MARCH 19 2012
Effective date if applicable: MARCH 19 2012 (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated <u>March 21 2010</u>
Dated March 2/20/D Signature Daleres 7 Surevert
(By a director, president or other officer if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
DOLORES F. GOUVERT
(Typed or printed name of person signing)
PRESIDENT
(Title of person cigning)