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(Re	equestor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIOJ

APPROVED AND FILED



COVER LETTER

 Division of Corporations NAME OF CORPORATION: Kotay (Ub of Semirolo Courty Sulf 12009 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) P.O. Box 160306
(Address) Mike C MAR fune Story / le. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

TO: Amendment Section

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

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

Articles of A	nendment	
to Anticles of Inc	ounouation	4/2
Articles of Inc of	orporation	Og MANON
Ruby Obs of Sommol	& County Sing	14 TASECREWAY TO SO
(Name of Corporation as currently filed	with the Florida Dept. of State	E) MASARY MA
120091		56. C.S S.
(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	· · · · · · · · · · · · · · · · · · ·	fit Corporation adopts
A. If amending name, enter the new name of the corpo	ration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma		porated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SS</u>)	
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:		
Hume of New Registered Agent.		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. position.		the obligations of the

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)

<u>Title</u>	Name O	Address	Type of Action
<u>50</u>	Davis, Kegis	103 / am lides by	Add Remove
P _	Carol Hawkirs	1531 BASEWAL CL winter Swizs, FC	_ □ Add Æ Remove
12_	Bill Stack	100 North St Longwood, Pi	_ ☐ Add _ D Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
	,		
		·	

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>	Name	<u>Address</u>	Type of Action
50	Bill Stack	1720 North St	ÆAdd
 -		Longwood, Fl 32750	☐ Remove
D	Mike MAR-love	121 Spring Onse On Longwood, Pl 52714	- _ Madd _ ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
E. If amer (attach d	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec	r change(s) here:	
•			
	•		,
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: 7/1/09		
Effective date <u>if applicable</u> :	1/1/09 (date of adoption is required)	
•	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) l.	
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated/	1/15/09	
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
<	Fresident	
	(Title of person signing)	