## 761086

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
(Only Gate/Liph Holle H)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(233411311114111231)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



300209685713

300209685713 07/08/11--01013--022 \*\*52.50

FILED

2011 JUL -8 MM 94 12

SECRETARY OF STATE

Amend TBrown

7-11-11

**Division of Corporations** 1)61086 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual For further information concerning this matter, please call: (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: \$52.50 Filing Fee ☐ \$43.75 Filing Fee & □\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address

TO: Amendment Section

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

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

## Articles of Amendment to Articles of Incorporation of

TALLAHASSEE, FLORIDA

Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation	<u>u</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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:

17120 NW 432 Court

New Registered Office Address:

Migmi Gardens Florida 330 55

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)

	Name	<u>Address</u>	Type of Actio
<u>Ficer</u>	Vianca Jordan	15551 NE.13 <sup>th</sup> ave NMB. 71.33162	Add Remove
			Add Remove
<del></del>			_
			_
F 16	ing on adding a diditional Austria.	w ahanga(a) baya.	
E. It amend (attach ad	ling or adding additional Articles, ente lditional sheets, if necessary). (Be spec	<u>r cnange(s) nere</u> : cific)	
		<del> </del>	
		·	

The date of each amendment(s) a					
(date of adoption is required)  Effective date if applicable:					
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).				
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.				
Dated JUM Signature	e 27, 2011 Vales Jordan				
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)				
	(Typed or printed name of person signing)				
<del></del> -	Hesident.				
	(Title of person signing)				