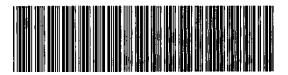
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(Req	uestor's Name)	
(Add	Iress)	
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10/12/10

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

â,

NAME OF CORPO	DRATION: NEW A	MERICA USAC	UNDO ASSOC., IN
DOCUMENT NUN	1BER:		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	•
Please return all com	respondence concerning this mat	ter to the following:	
	 	TEUFEL	
	(Name of	Contact Person)	
	Nr	n/ Company)	
	(Firm	n/ Company)	
	1669 (Linguir F Address)	tre
•		Address)	
	tran Ha	rison te	34683
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report notific	Co m
For further informati	on concerning this matter, pleas		
To~	e of Contact Person)	at () 27) 2 (Area Code & Dayti	13-7086 ime Telephone Number)
,	·	payable to the Florida Departmen	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section	Street Address	· · · · · · · · · · · · · · · · · · ·
	sion of Corporations	Amendment Section Division of Corporati	ons

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept, of

(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 corporatio	on:	
SAME			
The new name must be distinguishable and	contain the word	"corporation" or "incorporated" or the	
abbreviation "Corp." or " Inc." <u>"Company</u> "			
		CC	
B. Enter new principal office address, if a		(24/4)	
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)		
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF)</u>		1669 Virginia Paran Hanbor, F	. A.
D. If amending the registered agent and/o new registered agent and/or the new re	gistered office add	dress:	<u>.</u>
Name of New Registered Agent:	<u> </u>	VIRGILIA ANT	
New Registered Office Address:	1669 (Flori	VITGINIA ATT	
	ton	ida street address) (City) , Florida (Zip Code)	野
New Registered Agent's Signature, if change the Registered Agent's Signature, if change the Register the Register the Register to the Register the R	ging Registered A	gent:	
position.			
-	Signature of New	Registered Agent, if changing >	
	DIETIMENTO UT ITOM	AL OGOLOFICO TECHNIC II CHUMENIE -	

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)

Title	<u>Name</u>	Address	Type of Action
TD	Tom Toufer	PACE HARRON, FO	Add Remove Charge Aconus
<u>SD</u>	KAREN MADSEN	Wew Pr. Richey, FC	· D Add
			_ ☐ Add _ ☐ Remove
E. If amend	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spec	r change(s) here: cific)	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption:
Effective date if applicable:	(date of adoption is required)
I be a	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Signature	10-7-10
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Tom Tenfer
	(Typed or printed name of person signing)
	TD
	(Title of person signing)