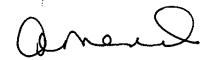
## 821823

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HURON Machine Products, Inc
DOCUMENT NUMBER: 821823
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hansld Elindomann TF  Name of Contact Person
HURON Machine Products , FIX
228 SW 21st Terrace Address
Ff. Lauder delo, Fl 333/2 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hanold Elindemann T at (964) 5872/54/ Syt 3/3 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 Set Status Sertificate of Status Sertificate Oppy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

Articles	of	Incorporation
*** *******	-	meo. por acron

-11 ET

of	FILED
Huron Machine -	Products, 20HAMER. PM 4: 40
(Name of Corporation as currently filed with	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TALLAHASSEE. FLORIUF
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations and the word "corp."	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	228 SW 21 <sup>st</sup> Terr
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ft Cayclardale, F1 33312
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	228 SW21 FERR Ft. Laudendale, F133312
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 add	iress:
Name of New Registered Agent: Hanole E	Lindomann II
New Registered Office Address: (Flori	a street address)
Ft. Laude (City)	nclale, Florida # 33312 (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	gent: liar with and accept the obligations of the position.
	with the same of t
Signature of New	Registered Agent, if changing

Page 1 of 3

## 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>	<u>Address</u>	Type of Action
MR	Enclovine	480 Wexdon Galo Many, Fl	☐ Add
			Add Remove
***************************************			
Tande  Hande  Enic	LE Lindomann II Covine	(Be specific)  O issued at 1.00 to He	2 Following
provisi		ange, reclassification, or cancellation distributed in the amendation of the amendation in the amendat	

The date of each amendment(s	a) adoption: $3\beta S/I/$
Effective date if applicable:	s) adoption: 3/85/1/ (date of adoption is required) 3/25/1/ (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
<b>●</b> N = 0 •	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated3	<del></del>
Signature	Helen
(By selection)	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Hanold Elindomann II  (Typed or printed name of person signing)
	Prosident (Title of person signing)