506186

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C. LEWIS

JUL 1 0 2014

EXPENIER

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Aurora Road Billiard Supplies, Incomment number: T06186
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dawn Cagnina Vame of Contact Person
Aurora Road Billiard Supplies Firm/Company 1935 Aurora Road
Melbourne FL. 32935 City/ State and Zip Code
Aurorapad @ bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person) at (321) 254-0732 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (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 to **Articles of Incorporation** (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) Florida New Registered Office Address: (City)

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)

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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Joi	nes		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One) 1) Change Add	<u>Title</u>	_	Name Anthon	of Cagnina	Melbourne, FL
Remove 2) Change		_			32934
Add Remove 3) Change		_			
Add					
4) Change Add Remove	\ -	_			
5) Change		_			
6) Change		 -			
Remove					

Attach additional sheets, if necessary).	icles, enter chang (Be specific)			
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N/R				
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If an amendment provides for an excl	hange, reclassifica	ation, or cancellation	on or issued shares,	
provisions for implementing the ame	hange, reclassifica andment if not con	ation, or cancellation ntained in the ame	ndment itself:	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassifica endment if not con	ation, or cancellation ntained in the ame	ndment itself:	
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provisions for implementing the ame	hange, reclassificated mot con	ation, or cancellation	ndment itself:	

The date of each amendment(s) adoption:date this document was signed.	FILED SERVICE OF STATE DIVISION OF CORPORATIONS	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.	
The amendment(s) was/were approved by the must be separately provided for each voting	ne sharcholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	oting group)	
(ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 6-20	-2014	
Signature Jour	- Chamia	
(By a director, pre selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)	
	Down Cagning	
	(Typed or printed name of person signing)	_
	Secretary	
	(Title of person signing)	