RONALD WITKOWSKI, P.A. 12798 WEST FOREST HILL BOULEVARD, SUITE 202 WELLINGTON, FLORIDA 33414 561-753-9093 561-791-2731 (FAX)

599713

November 6, 2001

000004671860--7 -11/08/01--01020--009 *****35.00 *****35.00

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Bowen Realty, Inc.

Dear Sir or Madam:

Enclose please find Articles of Amendment for the referenced corporation along with a check in the amount of Thirty-Five Dollars (\$35.00) to cover costs. Please file the Amendment, and send notification of same to this firm at the address on this letterhead.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

RONALD WITKOWSKI, P.A.

Ellen Rowan

Secretary to Ronald Witkowski

/eer Enc. PILED

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SECRETARY OF STATE

ALLAHASSEF FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF INCOR BOWEN REALTY, INC.

I, the undersigned, being the President, Director and Shareholder of the Compration organized under the laws of the State of Florida, hereby certify that the following 2001.

Pursuant to the provisions of Chapter 607.1001, Florida Statutes, the undersigned corporation hereby amends the following Articles of Incorporation, filed October 30, 1987:

The name of the Corporation is changed to: LINSON, INC. FIRST:

The address of the Corporation is: 12669 Headwater Way, Wellington, Florida SECOND:

33414.

The above-stated recitals have been authorized by resolution duly adopted by THIRD:

the Board of Directors.

The foregoing amendment was adopted by the Shareholder and Director on /o/3/ ___, 2001.

DATED: /0/3/ , 2001

DARELL BOWEN, DIRECTOR

DARELL BOWEN, PRESIDENT

DARELL BOWEN, SHAREHOLDER

ATTEST:

DARELL BOWEN, SECRETARY_

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 31 day of October 2001, by Darell Bowen of Bowen Realty, Inc., as President, Shareholder and Director, on behalf of the corporation. He is personally known to me or has produced

as identification and did (did not) take oath.

(Seal)



Print Name:

NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

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