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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

			of Brooker, Fl, Inc
DOCUMENT NUM	1BER: <u>NO8000</u>	00000	
The enclosed Article	s of Amendment and fee are sub-	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
		g Johnson	
	(Name of	Contact Person)	
	(Firm)	/ Company)	
<u> </u>	P.O. BOX	13/ address) F1 32622 e and Zip Code)	
·	(A	Address)	
	Brooker,	FI 32622	
	(City/ State	e and Zip Code)	
		Kee O Jahoo Con For future angual report notification	
For further informati	on concerning this matter, please	call:	
Pamela	Johnson	at (352) 485-	2893 OR 352-494-
(Namo	e of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check I	for the following amount made pa	ayable to the Florida Department of	"State:
\$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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of	Incorpo	ration
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(Name of Corporation as cur			tate)
N08 00000	0535	•	
(Document No	umber of Corporati	on (if known)	
Pursuant to the provisions of section 617,100 the following amendment(s) to its Articles of		this Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>1:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word or "Co." may not	"corporation" or "in- be used in the name.	corporated; or the
B. Enter new principal office address, if an (Principal office address)			11 SEP
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u>)			25 S
D. If amending the registered agent and/or new registered agent and/or the new re			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florid	da street address)	_
		(City)	Florida (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ging Registered Agred agent. I am	<mark>gent:</mark> familiar with and acco	ept the obligations of the
	Signature of New	Registered Agent, if ch	nanging

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)

	<u> Fitle</u>	<u>Name</u>		<u>Add</u>	<u>lress</u>		Type of A	<u>ction</u>
			W. John		20. Box	(131	_ □ Add □ Remov	
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Ì			ditional Articles, e necessary). (Be s		<u>(s) here</u> :			
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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) Type of Action ht Fitzmaurice 6924 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: Aug 14 2011
(date of adoption is required) Effective date if applicable: Fu.o 19 2011
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8 - 28 - 2011 Signature Surght Tummul (By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Dwight Fitzmaurica (Typed or printed name of person signing) Truster
(Title of person signing)

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