(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT -	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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**35.00

COVER LETTER

TO: Amendment Section Division of Corporations

D11131	on on conposations			
NAME OF	F CORPORATION: Souther	ast Con	sumer	Alliance, Inc.
DOCUME	ENT NUMBER:	<u> </u>		
The enclose	sed Articles of Amendment and fee are s	submitted for fil	ing.	
Please retu	rn all correspondence concerning this m	natter to the follo	owing:	
Donr	n S. Dutton, Esq.			
		(Name of C	ontact Person)
Donr	n S. Dutton, PA			
	· · · · · · · · · · · · · · · · · · ·	(Firm/	Company)	
4300	Biscayne Blvd. S	uite 30	5	
		(Ac	idress)	
Mian	ni FL 33137			
		(City/ State	and Zip Code	2)
	donn@dsdlaw.n	net		
	E-mail address: (to be u	ised for future a	nnual report r	otification)
For further	information concerning this matter, plea	ase call:		
Bruce	e Baldwin	at	305	632-6060
	(Name of Contact Person)		(Area Co	de & Daytime Telephone Number)
Enclosed is	s a check for the following amount made	e payable to the	Florida Depa	rtment of State:
٢	1 \$35 Filing Fee	us Certified	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
الله و	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Takahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2012

DONN S. DUTTON, ESQ. DONN S. DUTTON, PA 4300 BISCAYNE BLVD - STE. 305 MIAMI, FL 33137

SUBJECT: SOUTHEAST CONSUMER ALLIANCE, INC.

Ref. Number: N09000011872

We have received your document for SOUTHEAST CONSUMER ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 612A00010032

PECENTED 12 APR -5 AM 9: 06 ALMASSE FLORIDA



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 6, 2012

DONN S. DUTTON, ESQ. DONN S. DUTTON, PA 4300 BISCAYNE BLVD - STE. 305 MIAMI, FL 33137

SUBJECT: SOUTHEAST CONSUMER ALLIANCE, INC.

Ref. Number: N09000011872

We have received your document for SOUTHEAST CONSUMER ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies of signatures are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 912A00008563

Articles of Amendment to Articles of Incorporation of

Southeast Consumer Alliance, Inc.	- ·
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	_
resuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the nendment(s) to its Articles of Incorporation:	e following
If amending name, enter the new name of the corporation:	
	_The new
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name. N / A	or "Inc."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	_
	_
	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
	_
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:	S CHAIG
Name of New Registered Agent: N/A	APR -5
(Florida street address)	~n
w Registered Office Address:	並
, Florida	<u>.</u>
(City) (Zip Code)	€ O
(City), Florida (Zip Code)	<i>ਹ</i>

Page 1 of 4

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.

Exan <u>X</u> C	nple: Change	<u>PT</u>	John Do	<u>oe</u>		
_ <u>X</u> R	temove	<u>V</u>	Mike Jo	ones .		
<u>X</u> /	Add	<u>sv</u>	Sally Sr	mith		
<u>Type</u> (Che	of Action ck One)	Title		<u>Name</u>	<u>A</u>	<u>.ddres</u> s
2/28/12-1) = = =	Change Add Remove	PT	_	WINSTON R. HARDY		22511 MEDIDIANA Dr. BOCA RATON, FL 33423
/28/12 2) =	Change Add Remove	PT	-	LEANNE EMBRIE		7331 SW 145 Terr.
3)	Change Add Remove		-			
4)	Change Add Remove		_			
5) 	Change Add Remove					
6)	Change Add Remove		-	<u></u>		

E. If ame		or addir onal shee					s) <u>here</u> :	:			·· -			
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The date of each amendment(s) adoption: 2/28/12
Effective date if applicable:
(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.
$\frac{2/28/20/2}{}$
Signature XWR Polarch, IV
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRES.
(Title of person signing)