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SEP 12 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: WHITE, WOLF Spirit-Sandwary inc
DOCUMENT NUMBER: N 1000000336
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dr. Shalley/Rudy Mormick Name of Contact Person
WHITE, WOLF Spirit Sanduary Firm/Company
HHY Indian Cheak Dr Address
COCCOBRACH, Florida, 30931 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sunn Shally Rudy at (301)0-15-1-103 Name of Contact Person Manue (301)0-15-1-103 Name of Contact Person Manue (301)0-15-1-103
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee &\bigcup \\$43.75 Filing Fee &\bigcup \\$Certificate of Status \$\bigcup \\$Additional copy is enclosed)\$\$ Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Inco	rporation
		of	A

WHITE WOLF SD	pritesantuani	.ThC .	
(Name of Corporation as currently	filed with the Florida Dept, of St	ate)	
MOROCOCTER			
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorporate		rofit Corporation a	ıdopts
A. If amending name, enter the new name of the c	corporation:		
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.	the word "corporation" or "inc." may not be used in the name.	orporated" or the	SH4 6- 43S !!
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	e: DRESS)		1SJUN OF OR
			6
•			# B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>0X</i>)	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the	Ì
Name of New Registered Agent:		-	
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agen	gistered Agent: at. I am familiar with and acce	pt the obligations (of the
position.		; ····· ··· ··························	y
Signatu	ire of New Registered Agent, if cho	mging	

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)

	Name	N ~ /~	١.,	<u>Address</u>	· 1	
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E. <u>If ame</u>	nding or addi	ng additional A	rticles, enter c	hange(s) here	;	
(attach	additional she	ets, if necessary)	. (Be specifi	c)		
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The date of each amendment(s) adoption: (date of adoption is required) (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
ALL COMPONENTS (COMPONENTS)
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
Signature A SHO DOW
(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)
(Title of person signing)