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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLOR 10.	A LIBERTY NETWORK INC
DOCUMENT NUMBER: N 13000	003036
The enclosed Articles of Amendment and fee are subt	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Auguer 1 N	n01
7 10000 700	(Name of Contact Person)
LIBERTY FIRS-	(Firm/ Company)
	(Firm/ Company)
8209 KeyNOLOS DRIVE	
SAUT NEYWOLDS DAIDE	(Address)
//	
HUOSON	FL 34667 (City/ State and Zip Code)
	(City/ State and Zip Code)
ADUSTAD Q	CHAN CRIA
E-mail address: (to be used	GMA/L. COM I for future annual report notification)
For further information concerning this matter, please	call:
ANDLEW NAPPI	at (727) 8/5 5440 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\sum \$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 a Hana 3500, TL 32314	ZOUT EXCUITIVE CERTER CITCLE

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with	the Florida Dept. of S	State)			
FLORIDA LIBERT (Document Number of	-		N/3000	003036	Þ
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit	Corporation ado	pts the follo	owing
A. If amending name, enter the new name of the co	rporation:		•		
LIBERTY. FIRST name must be distinguishable and contain the word "c	NETWORK,	MC.		The	e new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incor	porated" or the	e abbreviation "C	Jorp." or "i	Inc."
B. Enter new principal office address, if applicable:	<u></u>			7.0	_
(Principal office address <u>MUST BE A STREET ADD</u>				<u></u>	ယ
	 				A P -
				<u> </u>	
C. Enter new mailing address, if applicable:					֡֝֝֡֝֝֡֝֝֡֝֝֝֡֝֝֡֝֝֡֝֡֝֝֡֝֝֡֝֝֡֝֝֡֝֝֝֡֝֝֡֝֝֡֝֝֡֝֝֝ ֓֞֡֟֞֝֞֞
(Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)			<u> </u>	₽ _
				<u> </u>	•
	• • • • • • • • • • • • • • • • • • • •			<u> </u>	3
D. If amending the registered agent and/or register	ed office address in F	Slorida enter ti	he name of the		
new registered agent and/or the new registered of		Torion, enter t	ne name or me		
Name of New Registered Agent:					
New Registered Office Address:	(Florida street ada	dress)			
		. F	lorida		
	(City)		lorida (Zip Code)		
New Registered Agent's Signature, if changing Regi	istared Agent				
I hereby accept the appointment as registered agent.		l accept the obli	igations of the po	sition.	
	-		•		
Signature of Nev	v Registered Agent if i	chanaina			

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.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			~~~
4) Change	water and the second		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The	date of each amendment(s) adoption: 4-1-13
Effe	ective date if applicable: 4-5-/3
	(no more than 90 days after amendment file date)
Ada	option 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.
呇	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 4-2-13
	Signature Cnohw Dopper
	(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)
	PHOLEW MAPPI
	(Typed or printed name of person signing)
	VILLE PRES.
	(Title of person signing)