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TO: Amendment Section Division of Corporations

ON OFF	1110				
NAME OF CORPORATION: SIN-CERA	A, INC		_		
DOCUMENT NUMBER: N14000044	121				
The enclosed Articles of Amendment and fee are submi	itted for filing.				
Please return all correspondence concerning this matter	to the following:				
Jennifer Bona					
	Name of Contact Person	n)		-	
SIN-CERA,INC					
	(Firm/ Company)			•	
P.O. Box 270731					
	(Address)				
Tampa, FL 33688				14 SEP	•4:
(1	City/ State and Zip Code	e)	₹	_ ω	Ę
jbona@sin-cera.or	rg .			Ē	;
E-mail address: (to be used to	~	notification)	= 2 .	31.8	
For further information concerning this matter, please c	all:		e (;	色	
Jennifer Bona	727	417-4997 ode & Daytime Telephone N			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone N	lumber)	-	
Enclosed is a check for the following amount made pay	able to the Florida Depa	ertment of State:			
□ \$35 Filing Fee	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sin-Cera, INc (Name of Corporation as currently filed with the Florida Dept. of State) N14000004421 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc.' "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: Name of New Registered Agent: (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

Florida

(Zip Code)

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	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Rose Morales	8768 Biscayne Dr.
Add			#203
X Remove			Tampa, FL 33614
2) Change			
Add			
Remove	_		4000 N
3) Change	<u>D</u>	Joreen Ryan	4026 New Castle Dr.
X Add			New Port Richey, FL
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			***************************************
Remove			

amending or adding addit tach additional sheets, if ne	cessary). (Be sp	ecific)			
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٠,	date of each amendment	(s) adoption, 9/3/14	, if other than the
	this document was signed	(s) adoption:	, if other than the
Effective date <u>if applicable</u> : 9/3		9/3/14	
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 9/4	/14	
	Signature	Molly antron	
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Molly C	intron	
	(h)	(Typed or printed name of person signing)	

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