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Mund (a) 9,23,14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Exceptional Possibilities, Inc.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Maitri Patel				
	(Name of Contact Perso	n)		
	(Firm/ Company)			
8309 N. Habana Ave.	` ','			
	(Address)			
Tampa, FL - 33614				
	(City/ State and Zip Cod	e)		
maitriassociatesII				
E-mail address: (to be used	•	notification)		
For further information concerning this matter, please				
Maitri Patel	_{at (} 813	784-6095		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Exceptional Possiblities, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts thendment(s) to its Articles of Incorporation:	the following
If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp Company" or "Co." may not be used in the name.	The new o." or "Inc."
Enter new principa l office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
. 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:	SEP 12
, Florida,	
(City) (Zip Co ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	 ت
Signature of New Registered Agent, if changing	

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: XChange Remove Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>VP</u>	Antony K. Warsaw	15409 E. Pond Wood Dr.
Add			Tampa, FL - 33618
X Remove			
2) Change	Sec.	Denis Bankow	1845 Thornhill Road
X_{Add}			Apr# 202
Remove			Wesley Chapel, FL - 33544
3) Change	VP	Maitri Patel, CPA	8309 N. Habana Ave.
X			Tampa, FL - 33614
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Ade	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.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Signature (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)	
	Maitri Patel, CPA	
	(Typed or printed name of person signing) VP & Treasurer	
	(Title of person signing)	