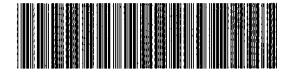
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(Requestor's Name)
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Amend. 7-28-10 Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The M	leadous	Maintonance	Assardin, Fr
DOCUMENT NUMBER: N96 OC	00034	49	
The enclosed Articles of Amendment and fee are	submitted for filing	3.	
Please return all correspondence concerning this	matter to the follow	ring:	
Jant 1 (Nam	Medica e of Contact Person)	
Castle (Firm/ Company)		
12070 90	3d H. (Address)	suite 200	
Plantation, (City)	F1. 3333 State and Zip Code	5	
E-mail address: (to be	used for future ann	yal report notification)	
For further information concerning this matter, pl	lease call:		
Janet Medina (Name of Contact Person)	at (954)	972-6000 ea Code & Daytime Tele	cx4. 808 ephone Number)
Enclosed is a check for the following amount ma	de payable to the Fl	orida Department of Sta	te:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□ \$43.75 F Certified C (Additional enclosed)	opy Ce copy is Ce (A	\$52.50 Filing Fee rtificate of Status rtified Copy dditional Copy enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Cli 266	eet Address tendment Section rision of Corporations fton Building I Executive Center Circle lahassee, FL 32301	

Articles of Amendment

to

Articles of Incorporation of

The Meadows	Mointena	<u> つ(C</u>		how, The	_ •
(Name of Corporation as cu			a Dept. of Stat	<u>(e</u>)	
<u> </u>	200344C	1			
(Document N	lumber of Corporation	on (11 kno	wn)	.	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		this <i>Flori</i>	ida Not For Pro	<i>ofit Corporation</i> ad	opts
A. If amending name, enter the new name	of the corporation	<u>:</u>			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company				rporated" or the	
B. Enter new principal office address, if a Principal office address MUST BE A STR.					
				3	
C. Enter new mailing address, if applicat					rsu T
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)			2	in the second
	-				
				<u> </u>	
D. If amending the registered agent and/o	or registered office a	address i	n <u>Florida, ente</u>	er the name of the	
new registered agent and/or the new re				;;; ;	
Name of New Registered Agent:				_	
				_	
New Registered Office Address:	(Floria	la street d	address)		
				_, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if chan hereby accept the appointment as registe position.			vith and accept	t the obligations of	^r the
_	Signature of New I	 Registere	d Agent, if chan	 nging	

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)

Address **Type of Action** Title Name ☐ Add Remove ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:
Effective date if applicable: (date of adoption is required)
(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.
Dated June 21, 2010
Signature Miduly
(By the charman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, on the court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Proxident
(Title of person signing)