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SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The JO	in siame	uttee . Tue.
DOCUMENT NUM		P012001	N9900000
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	•
Please return all corre	espondence concerning this mat	tter to the following:	
	Jacqualiu (Name of	a Shatan'd f Contact Person)	
	The James	aca Carrettee	Euc.
	19212 W	Address)	<u>ie</u>
	City/Sta	71. 330(1) tte and Zip Code)	<del>-</del>
	E-mail address: (to be use	a w a a col con a col	(cation)
For further information	on concerning this matter, pleas	e call:	
Name	Shetand of Contact Person)	at (	1-770 6 time Telephone Number)
•	ŕ	payable to the Florida Departme	
Eliciosed is a check is	or the following amount made t	ayable to the Florida Departine	in or state.
<b>12∕\$</b> 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)
	ng Address	Street Address	·
	ion of Compositions	Amendment Section	
	ion of Corporations Box 6327	Division of Corporat Clifton Building	LIOUS
	nassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

		MINE T	<u>· · · · · · · · · · · · · · · · · · · </u>	
(Name of Corporation as curr	ently filed with	the Florida Dept. of S	tate)	
65-1	005109	N9900	000413	≾≾
(Document Nun	ber of Corporat	on (if known)	•	
rsuant to the provisions of section 617.1006, following amendment(s) to its Articles of In		this <i>Florida Not For</i>	Profit Corporation a	dopts
If amending name, enter the new name of	f the corporatio	<u>n:</u>		
e new name must be distinguishable and co previation "Corp." or "Inc." <u>"Company" o</u>			corporated" or the	
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>				
Para				O
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			<b></b>	NISION
			. 22	TARY. O
If amending the registered agent and/or r	parietered office	address in Florida as	nter the name of the	POR
new registered agent and/or the new regis			الك منطقة العالمة العالمة العامة ا العامة العامة العام	ATTO
Name of New Registered Agent:				35
New Registered Office Address:	(Flori	da street address)	<del></del>	
			, Florida	
		(City)	(Zip Code)	
w Registered Agent's Signature, if changing ereby accept the appointment as registered ition.			ept the obligations o	of the
<u></u>	ignature of New	Registered Agent, if ch	nanging	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
$\overline{\mathscr{L}}$	DELIUS B. SHIRLEY	12-200 SW 707	
D	ROBERT SAPORITI	HIAMI RI. 39176 Remo 234 SW DO TERR DAY FT. CAUDER DAGE FI. 33312	Remove R DADD
<u></u>	CAROLYN RUTH BOBINGON	151 SE 15 RD #100	≥  Add
D	MOYEN FUSEDY	CIO ROLE HALL OF HE JA	
<u>D</u>	TEPEBEL SALLINON	<u> </u>	☐ Add ☐ Remove
			-
E. If amendi	ng or adding additional Articles, enter	change(s) here:	
	ditional sheets, if necessary). (Be specifi		
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<del>11_1</del>			
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			<del></del>

The date of each amendment(s) adoptio	n: Jule 5 2011
•	(date of adoption is required)
Effective date if applicable:	June 15, 2011
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted twas/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
DatedSignature	1106,81/2   buspell -
(By the chairmann have not been s	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)
The state of the s	(Typed or printed name of person signing)
<del></del>	(Title of person signing)