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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Spata Corp. DOCUMENT NUMBER: P0000019644 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce R. Insana Name of Contact Person Bruce R. Insana, P.A. Firm/ Company 2451 McMullen Booth Road, Suite 312 Clearwater, FL 33759 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bruce R. Insana Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of	
Spata Corp.		
(Name of Corporation as currently	filed with the Florida Dep	t. of State)
200000019644		
(Document Number of	of Corporation (if known)	
arsuant to the provisions of section 607.1006, Flori Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following
If amending name, enter the new name of the	corporation:	
ame must be distinguishable and contain the we Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	rp," "Inc," or "Co". A pr	any," or "incorporated" or the a rofessional corporation name must
B. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered	tered office address in Flor	rida, enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	legistered Agent:	ecept the obligations of the position.
Signature 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)

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 <math>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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Barbara Farantatos	2451 McMullen Booth Road, Suite 312
X			Clearwater, FL 33759
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

Attach additional sheets, if necessary).	icles, enter chang (Be specific)	- · · · · · · · · · · · · · · · · · · ·			
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f an amendment provides for an exc	hange, reclassific	ation, or ca	ncellation o	f issued sh	ares,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not co	ntained in	the amendm	ent itseii:	
(i) not applicable, maleute [V/II]					
(y noi appricable, maicale IVA)					
(g not approvate, material (VA)					
(g not approvate, material (VA)					
(g not appreciole, maleule [VA]					
(g not appricable, maleure 1971)					
у пог аррисаоте, таксые (пл.)					
у пот аррисаоте, таксые (пл.)					
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(g not apprecable, material 1971)					

date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Augi	ust 28, 20/13 //	
Signature		
(By a d	irector, president or other afficer – if directors or officers have not been d, by an incorporator with the hands of a receiver, trustee, or other court	
appoint	ted fiduciary by that fiduciary)	
	Nicole A. Farantatos	
	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	