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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

Amund (1) 5/31/11

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: JR Spray tu DOCUMENT NUMBER: P0100006260 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vosue Medina
Name of Contact Person R Spreag Fre. E-mail address: (to be used for tuture annual report notification) For further information concerning this matter, please call: Josue Meclina at (407) 557-5656

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

\$43.75 Filing Fee & Certificate of Status

Street Address

□ \$43.75 Filing Fee &

Certified Copy

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional copy is enclosed)

□ \$52.50 Filing Fee

Certified Copy

Certificate of Status

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

of

JR Spray Ju	_c ·	Fig.
(Name of Corporation as curr	ently filed with the Florid	da Dept. of State)
7010000	0 6260	
(Document Nur	nber of Corporation (if known	own)
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation adopts the fo
If amending name, enter the new name o	f the corporation:	
		The ne
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro Enter new principal office address, if app	e designation "Corp," "In fessional association," or blicable:	c," or "Co". A professional corporatio
incipal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
	erandore mercanica	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>CE BOX</u>)	
If amending the registered agent and/or new registered agent and/or the new regi		in Florida, enter the name of the
Name of New Registered Agent:		
N D:	/FI I	
New Registered Office Address:	(Florida street	aaaress)
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changi	ng Registered Agent:	
ereby accept the appointment as registered a	igent. I am familiar with	and accept the obligations of the position
 S	Signature of New Registere	ed Agent if changing

Page 1 of 3

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
	Hector Collars	2344 Partmouth Vd. Deland Fl. 32724	Add Remove
Secretar	y Albert Garcia	1521 Musa et. Deltona 41-32725	Add Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		
provision	endment provides for an exchange, recl s for implementing the amendment if a applicable, indicate N/A)		

The date of each amendment(s) ac	loption:	1/2001	
i	(date of	f adoption is required)	•
Effective date if applicable: (no	more than 90 days afte	er amendment file date)	-
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)	
The amendment(s) was/were add by the shareholders was/were su		ders. The number of votes cast for the amendme	nt(s)
		lders through voting groups. The following state titled to vote separately on the amendment(s):	meni
"The number of votes cast f	or the amendment(s) w	was/were sufficient for approval	
by	ng group)		
(voti	ng group)		
The amendment(s) was/were add action was not required.	opted by the board of d	directors without shareholder action and shareho	lder
The amendment(s) was/were add action was not required.	ppted by the incorporat	tors without shareholder action and shareholder	
Dated 4/	12011		
Signature +			
selected,		er officer — if directors or officers have not been if in the hands of a receiver, trustee, or other counciary)	
	Josue Med	Lina_ nted name of person signing)	
	(Typed or prin	nted name of person signing)	
	Presiden		
	(Title of person sig	gning)	