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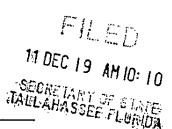
Amera News 12-21-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: EVERKI	EEN INC	
DOCUMENT NU	MBER: P0200004112	7	
The enclosed Article	les of Amendment and fee	are submitted for filing.	
Please return all con	rrespondence concerning th	is matter to the following:	
Vin	cent A., Barbaro		
	Name	of Contact Person	
Eve	rkleen Inc		
	Fi	rm/ Company	·
504	1 Berkeley Drive		
-,		Address	
Na	oles, Florida, 341	112	
2. 2.21		tate and Zip Code	.
6)//	arkleen@hotmail	com	
CVC	E-mail address: (to be use	.COM d for future annual report notific	cation)
For further information	tion concerning this matter,	please call:	
Vincent Barbaro		at (239) 216-	-7130
Name o	of Contact Person	Area Code & Dayt	time Telephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida	Department 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 Add Amendment Division of G P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	er Circle

Articles of Amendment to Articles of Incorporation of



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_ ,	_		~	_			

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Nu	umber of Corporation (if known)	·-
ursuant to the provisions of section 607.10 llowing amendment(s) to its Articles of Inco	006, Florida Statutes, this <i>Florida Prof</i> orporation:	it Corporation adopts t
If amending name, enter the new name	of the corporation:	
te new name must be distinguishable ncorporated" or the abbreviation "Corp., Co". A professional corporation names sociation," or the abbreviation "P.A."	" "Inc.," or Co.," or the designation	"Corp," "Inc," or
Enter new principal office address, if aprincipal office address MUST BE A STRE		
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF		
(Mailing address MAY BE A POST OFF)	TCE BOX	
(Mailing address MAY BE A POST OFF)	registered office address in Florida, e	nter the name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or	registered office address in Florida, e	nter the name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, e	nter the name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, endstered office address: (Florida street address)	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, endistered office address:	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address in Florida, endistered office address: (Florida street address) (City) ing Registered Agent:	, Florida <u>·</u> (Zip Code)

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1) <u>PSD</u>	Vincent A Barbaro	5041	Berkeley Drive, Naples	
2) <u>S/T</u>	Nikos Chintakis	2230 (Queens Blvd., Naples Fi	., 34112
3)				
4)				
5)	 			
6)				
If REMOVING	an officer and/or director, please	e list the title(s) a	nd name of the office	r/director to be
removed:				
Title(s)	Name	Title(s)	<u>Name</u>	
1)		4)		
2)		5)		
3)		6)		

(attach additional sheets, if necessa	ry). (Be specific)	
		
		
		
* ** ** · · · · · · · · · · · · · · · ·		
If an amendment provides for an	n exchange, reclassification, or cancellation of issued	shares,
If an amendment provides for an provisions for implementing the (if not applicable, indicate N/A	amendment if not contained in the amendment itself	shares,
provisions for implementing the	amendment if not contained in the amendment itself	shares,
provisions for implementing the	amendment if not contained in the amendment itself	shares,
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provisions for implementing the	amendment if not contained in the amendment itself.	shares,
provisions for implementing the	amendment if not contained in the amendment itself.	shares,

The date of each amendment(s)	Adoption: November 1st , 2011
	(date of adoption - required)
Effective date if applicable:	J. 00 I. 6. J. Al. I.
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved 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	
	ting group)
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addraction was not required.	opted by the incorporators without shareholder action and shareholder
Dated Nover	mber 1st., 2011
Signature	
(By din selected,	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
Ni	ikos Chintakis
	(Typed or printed name of person signing)
<u>s</u>	ecretary/Treasurer (Title of person signing)