P02000080512

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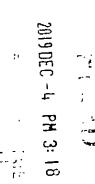
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: ALTAMONTE G &	k M, INC.	
DOCUMENT NUMBE	R: P02000080512		
The enclosed Articles of	".Amendment and fee are sub	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Н	IOWARD A SPEIGEL		
_		Name of Contact Person	
F	IOWARD A SPEIGEL, P.A.		
_		Firm/ Company	
1	801 LEE RD. SUITE 110		
		Address	
v	VINTER PARK, FL 32789		
_		City/ State and Zip Code	<u> </u>
hspeige	el@yahoo.com		
		sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
HOWARD A SPEIGE	L	at (<u>407</u>	647 5700
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. l	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALTAMONTE G & M. INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P02000080512	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
2. Enter your principal office address if applicables	201
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	- P L E
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	
many many many approximation and regimes are against a sample and provide the same of same and same and same a	, , , , , ,
Signature of New .	Registered Agent, if changing

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 = ChiefExecutive 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 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. Example: X Change PT John Doe V Mike Jones X Remove <u>\$V</u> Sally Smith X Add Address Title <u>Name</u> Type of Action (Check One) P.O.BOX 348 WILLIAM H RIPPARD SD 1) ____ Change LARGO, FL 33779 Remove P.O. BOX 348 MARTIN ROSATO _ Change LARGO, FL 33779 Remove 3) Change Add ____ Remove 4) ____ Change ___ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ___ Add __ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary).

(if not applicable, indicate N/A)	Page 3 of 4	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
provisions for implementing the amen	inge, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	
		-
_		
11. L. A. A. B. D. P		_ _

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ed by the shareholders through voting groups. The following statement h 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)
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated DECEMBER 2	10, 10 (10 a)
Signature ///	and the control of th
	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
MA	ARTIN ROSATO
	(Typed or printed name of person signing)
PR	ESIDENT
(Ti	tle of person signing)