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Office Use Only



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C. CARROTHERS

COVER LETTER

C,

Division of Corporations
NAME OF CORPORATION: SHUTTER CONCEPTS OF SOUTH FLOWIDA IN
DOCUMENT NUMBER: PO3000059403
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIMOTHY J COTTER Name of Contact Person TIMOTHY J COTTEN PA Firm/Company
Name of Contact Person
TIMOTHY J COTTEN PA
Firm/ Company
599 974 57067 NORTH # 313 Address
Address
NAPLES FL JUIO2 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIMOTHY J COTTER at (239 135-011) Name of Contact Person Area Code & Daytime Telephone Number
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

SUUTTER CONCERTS OF SOU-	THE FLOWIDA, INC.	State
f03000059403		
	Sumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:	The now
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	ac," or "Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable:	GSOS AUTUMN	WOODS BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u>	NAPLES FL	34109
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		<u>f the</u>
Name of New Registered Agent		
(F	lorida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		the position
. посто, чесерь те иррошитет из гедізістей адет. Титу	ammar run una uccept ine oonganons oj	те розион.
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 = 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 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	<u>PT</u>	John Do	<u>e</u> .		
X Remove	$\underline{\mathbf{v}}$	Mike Jos	nes		
X Add	<u>sv</u>	Sally Sm	<u>uith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		er-d-be			
Add					
Remove					
2) Change	***************************************	. <u> </u>			
Add				,	
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6) Change		_		-	
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an amendment provides for an excl	ange, reclassification, or can	cellation of issued shares.	
orovisions for implementing the ame (if not applicable, indicate N/A)	iament it not contained in th	e amendment itseii:	
(y nor approache, mateure (vit)			

The date of each amendment(s	adoption:		if other than t
ate this document was signed.			• · · · · · · · · · · · · · · · · · · ·
Nective date <u>if applicable</u> :	;		<u> </u>
	(no more than 90 days after amendment fi	le date)	
	is block does not meet the applicable statutory filing requirement of State's records.	irements, this date w	ill not be listed as t
doption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for e sufficient for approval.	the amendment(s)	
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ani		
"The number of votes of	ast for the amendment(s) was/were sufficient for approval		• • • • • • • • • • • • • • • • • • • •
by	*1		
	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder actio	n and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and	l shareholder	. •
Dated Parket	uly 10, 20/6/1		:
Signature	P (K) NA-		i i i e
(By	a director, president or other officer - if directors or officer cted, by an incorporator - if in the hands of a receiver, trust		
	ointed fiduciary by that fiduciary)	ee, or other court	
	MICHAGL G. NORTON		
h .	(Typed or printed name of person signing)	<u> </u>	
	DIRECTOR		
·	(Title of person signing)		· . · · ·