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## **COVER LETTER**

Division of Corporations	L				
NAME OF CORPORATION:	0 Enclosures Inc.				
DOCUMENT NUMBER: PD300	0146070				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this	-				
Doug	Thomas  Name of Contact Person				
,	Name of Contact Person				
カメカ	Enclosures inc				
	Firm/ Company				
3198 W	Enclosures inc  Firm/Company  Uilderness Dr				
	Address				
YYIddle	City/ State and Zip Code				
	City/ State and Zip Code				
diverdougt a bell south, net					
E-mail address: (to be	e used for future annual report notification)				
For further information concerning this matter, p	lease call:				
Doug Thomas	at ( 904) 403-0644 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status					
Mailing Address	Street Address				
Amendment Section	Amendment Section				
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

## **Articles of Amendment**

	to Articles of Incorporation	n Webers
7:7	of	FILED
	Enclosures,	Inc. 15 APR 27 PH 3:21
(Name of Corporation as co	urrently filed with the Florida Der	pt. of State) SECTION AND ADDRESS OF THE SECTION
<u> </u>	00146070	-TALLAHASSLE, PLORIDA
(Document 1	Number of Corporation (if known)	a <sub>t</sub>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the following amendment(
A. If amending name, enter the new nam	e of the corporation:	
name must be distinguishable and contai	in the word "corporation," "comp	The new pany," or "incorporated" or the abbreviation
	ion "Corp," "Inc," or "Co". A pa	rofessional corporation name must contain the
B. Enter new principal office address, if (Principal office address MUST BE A STR		
	<del></del>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble: FFICE BOX	
	·	
D. If amending the registered agent and/ new registered agent and/or the new registered agent	or registered 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 Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Theron C. Pinchin	3198 Wildowness D MuldLoburg Fl
Add Remove			Muldhopurg Fl 32068
2) Change	T	Jerony Dane Polk	3198 Wilderness Dr
Add Remove			Middleburg SI 32068
3) Change		<del></del>	
Add Remove			
4) Change		<del></del>	<del> </del>
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(Attach	iding or adding adding additional sheets, if	necessary). (Be	e specific)			
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provis	nendment provides ions for implement fnot applicable, indi	ing the amendme	e, reclassification	n, or cancellation ned in the amend	of issued shares, Iment itself:	
		***************************************	-			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 4-16-15	
Dated 4-16-15 Signature Dauglos L. Thomas	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jouglas L. Thomas (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	<b></b>
(Title of person signing)	

