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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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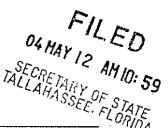
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVONDOR PROPERTY INC		
		<u> </u>
DOCUMENT NUMBER: PO4000013126		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
MICLELLE E. WILLIAMS		
(Nan	ne of Person)	
EVONDOR PROPERTY INC.		,
	Firm/ Company)	
1665 SE LENNARD RD.		
(Address)	•
Port St. Lucie FL. 34952		·
(City/ Sta	te/ and Zip Code)	
For further information concerning this matter, p	olease call:	
MICHELLE WILLIAMS	at (_772) _398-1 <u>7</u> 79	·
(Name of Person)	(Area Code & Daytime T	Telephone Number)
Enclosed is a check for the following amount:		
□ \$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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

Articles of Amendment to Articles of Incorporation of



EVONDOR PROPERTY INC.

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

	PO4000013126
	(Document number of corporation (if known)
	provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation wing amendment(s) to its Articles of Incorporation:
NEW CORPO	RATE NAME (if changing):
(must contain the	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
	IS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) itle(s) being amended, added or deleted: (BE SPECIFIC)
DEVON B. SEAT	ON (add) P.
MICHELLE E. WI	LLIAMS VP.
· ·	
· · · · · · · · · · · · · · · · · · ·	
	
	(Attach additional pages if necessary)
If an amendmen for implementin	t provides for exchange, reclassification, or cancellation of issued shares, provision g the amendment if not contained in the amendment itself: (if not applicable, indicate N
PO BOX 5265 F1	LAUDERDALE FL. 33310 PRESIDENT
1665 SE. LENNA	RD RD. Port ST. LUCIE FL. 34952 VICE-PRESIDENT

(continued)

The date of each amendment(s) adoption: 05-10-2004	<u>.</u>
Effective date if applicable:	- :
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved 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)	
☐ 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.	
Signed this 10th. day of MAY 2004	ņras
(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)	-
MICHELLE E. WILLIAMS (Typed or printed name of person signing)	
VICE-PRESIDENT	
(Title of person signing)	

FILING FEE: \$35