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SECRETARY OF STATE
TALLAHASSEE, FINAIE

N.C.
C.COULLIETTE
JUL 26 2009
EXAMINER

## **COVER LETTER**

<b>TO:</b> Amendment Sect Division of Corpo				
NAME OF CORPOR	RATION: CIN	y L.	LaFla	mme PA.
DOCUMENT NUME	BER: P040	00003	2445	
The enclosed Articles	of Amendment and fee a	re submitted for	filing.	
Please return all corres	spondence concerning thi	is matter to the f	ollowing:	
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Cindy	concerning this matter,  L. QUIN  Contact Person	please call:		) - 8000
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\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 File Certified (Additional		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Clifton Bui	t Section Corporations	e

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

Cintu	L. Cafb	imme p	A.
(Name of Corporation as curren			<b>L</b>
P04	0000 3244	K	
(Document Num	per of Corporation (if kno	wn)	<del></del>
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corpo	ration adopts the following
A. If amending name, enter the new name of	Quinn	P.H.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions"	designation "Corp," "Inc	c," or "Co". A pro	fessional corporation
B. Enter new principal office address, if appli			
(Principal office address <u>MUST BE A STREET</u>	<u>"ADDRESS"</u> )		AR SSI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		AMII: 23  OF STATE E. FLORIDA
D. If amending the registered agent and/or renew registered agent and/or the new registered.	·	n Florida, enter the	name of the
Name of New Registered Agent:	W. C.		
New Registered Office Address:	(Florida street d	address)	
-		, Flo	orida
	(City)	(Zip Code	<i>y</i>
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		and accept the obliga	utions of the position.
Siz	gnature of New Registere	d Agent, if changing	<del></del>

## 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)

**Type of Action** Title . **Name** <u>Address</u> ☐ Add ☐ Remove ☐ Add ☐ Remove \_\_ 🗖 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption: 7//3/09
Effective date if applicables	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	c approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , ,
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	c adopted by the incorporators without shareholder action and shareholder
Dated	7/13/2009
Signature	Couly 7. Own P.A.
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Cindy L. Quinn
	(Typed or printed name of person signing)
	President
	(Title of person signing)