P05000047373

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filling Officer:	(Requestor's Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)					
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP WAIT MAIL					
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)					
Special Instructions to Filing Officer:	(Document Number)					
	Certified Copies Certificates of Status					
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03/19/10--01042--005 **10.00

03/08/10--01018--005 **25.00

FILED

2010 MAR 18 A 8: 34

SECRETARY OF STATE

Amend Tlewis 3-22-10

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: StORMIE BROKE INC					
DOCUMENT NUMBER: 20500047373					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Stormie Brooke Two					
14219 WALSINGLAM Pd. Address					
LARGO FL. 33774 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (727) 744 3950 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Striling Fee Scrifficate of Status St					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301



March 11, 2010

DAVID GREENBERG P. O. BOX 294 INDIAN ROCKS BEACH, FL 33785

SUBJECT: STORMIE BROOKE, INC.

Ref. Number: P05000047373

We have received your document for STORMIE BROOKE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 410A00006130

Thelma Lewis
Document Specialist Supervisor

Articles of Amendment to Articles of Incorporation of

FILED

<i>^</i> , <i>^</i> ,					
Stormie Brusk	e 70c.			2010 445	
(Name of Corporation as cui	rrently filed with th	<u>1e Florida Dept. o</u>	f State)	ZUIU MAH	18 A 8: 31
	•			SECRETA	RY OF STATE SEE. FLORIDA
(Document No	(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		s, this <i>Florida Pro</i>	ofit Corporatio	on adopts the	following
A. If amending name, enter the new name	of the corporation	<u>:</u>			
				The n	1014
name must be distinguishable and contair abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Co	rp, " "Inc, " or "Co	o". A professi	porated" or ional corporat	the
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		14219 L LANGO FL	3377	han Rd 4	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)					
D. If amending the registered agent and/or new registered agent and/or the new re			, enter the nar	ne of the	
Name of New Registered Agent:		.			
New Registered Office Address:	(Florid	la street address)			
			, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registered			the obligation	s of the positio	>n.
_	Signature of New I	Registered Agent, i	f 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)

<u>Title</u>	Name	Address	Type of Action
ψ	David GREENBERG	PO BOY 294 Thayan Ricks Bod F 33785	Add Remove
			☐ Add ☐ Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be specif		
provisi	nendment provides for an exchange, recl ons for implementing the amendment if r ot applicable, indicate N/A)	assification, or cancellation of iss not contained in the amendment	sued shares, itself:

		·	

The date of each amendment(s) adoption: _	3/11/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	n 90 days after amendment file date)
Adoption of Amendment(s) (C	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statemen ng group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by(voting group)	,,,
(voting group)	,
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder
selected, by an inco	sident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
Jav T)	Typed or printed name of person/signing)
MANS	OSSIEL)