P0500086415

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Amend

TF

DEC 1 1 2009

COVER LETTER

TO: Amendment Section Division of Corporations				
. ()				
NAME OF CORPORATION: Final	Services of Orlando, Inc.			
000	0000'86415			
DOCUMENT NUMBER: 7.03	000 86415			
The enclosed Articles of Amendment and fee an	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Amanda	E. Creedon ame of Contact Person			
) N	ame of Contact Person			
Lima Services of Orlando, Inc.				
	Firm/ Company			
4789 S. Orange Ave.				
Address				
Orlando, FC, 3-809				
City/ State and Zip Code				
mandy Creedon @ hotmail com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter,	please call: OR 407-855-5171			
Amanda E. Creedon at 407, 925-2723 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 i	nade payable to the Florida Department of State:			
\$35 Filing Fee \$\$43.75 Filing Fee &	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301



December 4, 2009

AMANDA E CREEDON LIMA SERVICES OF ORLANDO, INC. 4785 S ORANGE AVE ORLANDO, FL 32809

SUBJECT: LIMA SERVICES OF ORLANDO, INC.

Ref. Number: P05000086415

We have received your document for LIMA SERVICES OF ORLANDO, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6925.

Letter Number: 209A00037232

Teresa Brown Regulatory Specialist II

Articles of Amendment

to

•	Articles of Incorporation	21			
1 ma Gorny	as of polanda Trac	2009 DEC 11 PM 1:25			
Articles of Incorporation of Lima Services of Orlando, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) Roscotto 86415 (Document Number of Corporation (if known)					
70500008	16415	CAHLARY 1:25			
(Document N	umber of Corporation (if known)	- NSEE FINE			
Pursuant to the provisions of section 607.16 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this Florida Profit Corpora	tion adopts the following			
A. If amending name, enter the new name	of the corporation:				
abbreviation "Corp.," "Inc.," or Co.," or t	n the word "corporation," "company," or "inc the designation "Corp," "Inc," or "Co". A profe professional association," or the abbreviation "P.A	ssional corporation			
B. Enter new principal office address, if a (Principal office address MUST BE A STR) C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	<u>BET ADDRESS</u>) ble:				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent:	Amanda E- Creedon 4789 5 Orange Ave.				
New Registered Office Address:	(Florida street address)				
	Orlando, Fí , Flor (City) (Zip Code,	ida 32809			
	ed agent. I am familiar with and accept the obliga	tions of the position.			
	Signature of New Registered Agent, if changing	<u> </u>			

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
D	Marlene Z. Garaa . X.	Rd + 131	Wando B Remove
Presid	ant Arnanda E. Creecton	1951 Westpoi Orlando FC	MeCir Add Remove
***************************************			[] Add
		:	
E. <u>If amend</u>	ing or adding additional Articles, ente		
(attach add	ditional sheets, if necessary). (Be spec	ific)	
-			
+			· · · · · · · · · · · · · · · · · · ·
F. If an am	endment provides for an exchange, re	classification, or cancellat	ion of issued shares.
<u>provisio</u> :	ns for implementing the amendment if applicable, indicate N/A)	not contained in the ame	ndment itself:
(9 110	, app. 10 10 10 10 10 10 10 10 10 10 10 10 10		
-			
		· .	

The date of each amendment(s) adoption:	11/30/09 M			
Effective date if applicable: 11/30/8	ate of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHEC	K ONE)			
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) oval.			
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	areholders through voting groups. The following statemen up entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval			
by(voting group)	77			
(voting group)				
The amendment(s) was/were adopted by the boa action was not required.	rd of directors without shareholder action and shareholder			
The amendment(s) was/were adopted by the incaction was not required.	orporators without shareholder action and shareholder			
selected, by an incorpor	or other officer – if directors or officers have not been not or – if in the hands of a receiver, trustee, or other court			
appointed fiduciary by t	nat nduciary)			
	ilene Z. Garaa			
(Typed	or printed name of person signing)			
	rector			
(Title of person signing)				