P05000104680

| (Red | questor's Name) | |
|---|-------------------|----------|
| | | |
| (Add | dress) | |
| (| , | |
| | a | |
| (Add | dress) | |
| | | |
| (City | y/State/Zip/Phon | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | _ | |
| | | |
| (Bus | siness Entity Nai | me) |
| | | |
| (Doc | cument Number) | <u> </u> |
| , | | |
| Contificat Couries | 0-4:6:4- | £ Ot-4 |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to F | Filing Officer: | |
| | g | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





900210223649

07/25/11--01033--013 **43.75

Amend TRVAIN 7-26-11

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: | ifchars | |
|---|--|---|
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and | fee are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| Deborah | May Field Name of Contact Person | |
| Life | har S Firm/ Company | |
| _588 <i>0_5</i> | E 126 th St Address | |
| Belleview | FL 34420 City/ State and Zip Code | |
| Lifehars @ E-mail address: (to b | Yaloo . Co M e used for future annual report notification) | |
| For further information concerning this ma | tter, please call: | |
| Deborah Mayfield Name of Contact Person | at (<u>35%</u>) <u>875 – (</u> Area Code & Daytime Telep | 6585 Shone Number |
| Enclosed is a check for the following amou | int made payable to the Florida Departm | nent of State: |
| □ \$35 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 | Street Address Amendment Section Division of Corporations Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment MILED TO SECONDES to **Articles of Incorporation** of

| Litchars, Corp. Alicas & |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) |
| 705000104680 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloamendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: 5880 55 106 4 5+ |
| (Principal office address MUST BE A STREET ADDRESS) Belleview, Fl. 34420 |
| |
| |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5880 SE 12645+ |
| Belleview, FL 34400 |
| |
| 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: Debarah May Field |
| New Registered Office Address: (Florida street address) |
| Belleview, Florida 34420 (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)

| _ | <u>itle</u> | Name | | Address | Type of Action |
|------|---------------|---------|---|--|------------------------------|
| Pc | esident | Mary | Vermillion | 1815 ST Char Deland, FL 32 | |
| Pres | sident | Deboral | n Mayfield | 5880 SE 126 KA. 39 Belleview, FL. 39 | S† ⊠ Add 1900 □ Remove |
| Via | <u>Presid</u> | ent We | ndy Ruiz | 13311 5W 39 A Ocala, FI 344 | uo PA ISt Add 73 □ Remove |
| E | | | ditional Articles, enter necessary). (Be speci | | |
| | | | | | |
| F. | provision | | ting the amendment if | classification, or cancellation of not contained in the amendm | |
| | | | | | |
| | | | | | |
| | ···· | , | | | |

| The date of each amendment(s) adoption: $\frac{5/31/1}{}$ |
|--|
| Effective date if applicable: (dale of adoption is required) (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 5/31/11 |
| Signature (By a director, president of 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) |
| Teborah May Liold (Typed or printed name of person signing) |
| President (Title of person signing) |