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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: D. WOTS DOCUMENT NUMBER: P0500015	son service 5933	SIC
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Dillon	Hamis Name of Contact Person	1
D. Wats	en Suvice	<i>S</i>
PO016	Firm/ Company Shadee	est fd
rouge	Address City/ State and Zip Code	34639
E-mail address: (to be us	Sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Dillon Hamis	at (<u>813</u>	505-3197
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Encloyed is a check for the following amount made	payable to the Florida Depa	rtment 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	Street a	Address
Amendment Section	Amend	ment Section
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 E:	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment FILED to Articles of Incorporation OCT 21 # 11:27 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: \(\int \mathbb{O} \) 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City)

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 udditional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe	•
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	<u> Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<i>Po</i>	Amos O Watsun	Jr. 12913 Big SUND Tampari 133625
2) Change Add	<u>150</u>	Valene in water	12913 Big Sulv. Tampa F 33625
Remove 3) Change Add Remove	<u>Q</u>	Dillon Harris	Slooy Shadecrestle Cand Dlaves Pl 33689
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	ng additional Arti ets, if necessary).	(Be specific)	• • • • • • • • • • • • • • • • • • • •	•	
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·					
if an amendment pr	ovides for an exch	ange, reclassif	ication, or cance	ellation of issued sl	nares, NI ~
provisions for imple	ementing the ame	ndment if not o	ontained in the	amendment itself:	100
(if not applicabl	e, indicate N/A}				
· · · · · · · · · · · · · · · · · · ·					
	 				
	· · · · · · · · · · · · · · · · · · ·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
he 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 10-1813	
Signature Ween Willow	
(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)	
Valerie m. Watson	
(Typed or printed name of person signing)	
150	
(Title of person signing)	