P05000149499

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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

Amend

TB 4505

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF COR | PORATION: AUTHENTIX | (NOTARY INC | | |
|--|--|--|---|--|
| DOCUMENT N | UMBER: P05000149499 | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all c | correspondence concerning thi | s matter to the following: | | |
| .JA | MES ODONNELL | | | |
| <u> </u> | | of Contact Person) | | |
| Al | JTHENTIX NOTARY INC | | | |
| | (Fir | m/ Company) | | |
| 71: | 54 NORTH UNIVERSITY [| DRIVE #94 | | |
| | | (Address) | | |
| TA | MARAC FL 33321 | | | |
| | (City/St | ate and Zip Code) | | |
| For further inform | nation concerning this matter, | please call: | | |
| JAMES ODONNI | ELL | at (954)_275-74 | 07 | |
| (Name of Contact Person) | | (Area Code & Daytim | e Telephone Number) | |
| Enclosed is a chec | ck for the following amount: | | | |
| ☑ \$35 Filing Fee | \$43.75 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) | |
| P.O. Box (| nt Section f Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

| | K, | g. |
|--------|---|---------|
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| ite) | \ | RIS |

AUTHENTIX NOTARY INC.

P05000149499

(Name of corporation as currently filed with the Florida Dept. of State

| (Document number of corporation (if known) |
|---|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| · · · · · · · · · · · · · · · · · · · |
| Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| REMOVE CUNNINGHAM, IONA MM |
| REMOVE SJW ENTERPRISE LLC MM |
| REMOVE ALDERMAN, TERRI SC |
| |
| |
| |
| |
| |
| |
| (Attach additional pages if necessary) |
| f an amendment provides for 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) |
| |
| |
| (continued) |

| The date of each amendment(s) adoption: 3/27/2008 | | | |
|---|---|--|--|
| Effective date if applicable: | 3/27/2008 | | |
| | (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| | was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval. | | |
| | was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s): | | |
| "The number of | votes cast for the amendment(s) was/were sufficient for approval by | | |
| | (voting group) | | |
| | was/were adopted by the board of directors without shareholder action ion was not required. | | |
| The amendment(s) shareholder action | was/were adopted by the incorporators without shareholder action and was not required. | | |
| | director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court | | |
| | nted fiduciary by that fiduciary) | | |
| JAN | IES ODONNELL | | |
| | (Typed or printed name of person signing) | | |
| PRE | ESIDENT | | |
| | (Title of person signing) | | |

TOWNS THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO

FILING FEE: \$35