## P0600027740

(Requestor's Name)
(Address)
(Address)
(Manage)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

oup, Inc.			
submitted for filing.			
matter to the following:			
no. Jr.			
Name of Contact Person	1		
Firm/ Company			
p Road			
Address			
4990			
City/ State and Zip Cod	e		
a used for fixture compal con out	notification\		
s used for future annual report	nouncation)		
ease call:			
<sub>at (</sub> 772	, 288-7052		
Area Code & Daytime Telephone Nur			
de payable to the Florida Depa	artment of State:		
\$\tag{2}\\$43.75 \text{ Filing Fee & Certified Copy} \text{ (Additional copy is enclosed)}	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Street	Address		
Amend	Amendment Section		
	Division of Corporations		
	submitted for filing.  matter to the following:  10, Jr.  Name of Contact Person  Firm/ Company  P Road  Address  4990  City/ State and Zip Cod  sused for future annual report  ease call:  at (772  Area Co  de payable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Copy  (Additional copy is enclosed)  Street  Amend		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed	with the Florida Dep	t. of State)		
(Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florida Pro</i>	ofit Corporation ado	pts the following	g amendment(s)
A. If amending name, enter the new name of the corp	oration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co". A pr			
B. Enter new principal office address, if applicable:			7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)			
		<del></del>	<u> </u>	₩ 五
				11/2
C. Enter new mailing address, if applicable:				T I
(Mailing address MAY BE A POST OFFICE BOX)				- N
				74
	<del></del>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ida, enter the name	of the	-
Name of New Registered Agent				
<del></del>	(Florida street address)			
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		cept the obligations	of the position.	

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)

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Salvatore Juliano, Jr.	5825 SW Mapp Road
Add			Paim City, FL
Remove			34990
2) Change	TS	Helen Fernandez-Juliano	5835 SW Mapp Road
Add			Palm City, FL
Remove			34990
3) Change			
Add			
Remove			
4) Change			**************************************
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	cies, enter change(s) here: (Be specific)
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***************************************	
The state of the s	<del></del>
If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an and an analysis and an a
W.	
a 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)	
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)	
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 12/31/13 Signature Hulle Lullaur	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Helen Fernandez-Juliano	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	<del></del>