## P06000033513

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend and 10/4/09

NAME OF CORPORATION: Port Alto Ranchettes, INC.
DOCUMENT NUMBER: P060 000 33573
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stan Kazwell Jr. Name of Contact Person
Firm/Company  2395 Tamiami Trail #17  Address
Part Mayote FL 33952 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Ston Knowel TC. at (941) 1,25-0015
Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed) \\ (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(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: name must be distinguishable und 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 <u>MUST BE A STREET ADDRESS</u>) 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: <u>New Registered Office Address:</u> (Florida street address) Florida (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

Page 1 of 3

Signature of New Registered Agent, if changing

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>. • *</u>	<u></u>	_N/A_		☐ Add☐ Remove
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E. If am (attac)	ending or adding add h additional sheets, if n	itional Articles, entreecessary). (Be spe	er change(s) here: cific)	
To	increas	ock au ed to	thorization 10,500	n to be
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		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· .
<u>provi</u>	amendment provides sions for implementir not applicable, indica in a applicable a a a a a a a a a a a a a a a a a a a	g the amendment it	classification, or cancella f not contained in the amount of 17 at 100 10,500 by off	endment itself:
	<u> </u>			

The date of each amendment	(s) adoption:		6-15-09	<del>}</del>
*** *** *** ** ** *** *** *** *** ***	.) (de	ate of adoption is req	nuired) = -() 9	
Effective date if applicable:	(no more than 90 day	V	<del>, , , , , , , , , , , , , , , , , , , </del>	
				•
Adoption of Amendment(s)	(CHECK	(ONE)	•	•
The amendment(s) was/wer by the shareholders was/we			er of votes cast for t	the amendment(s
The amendment(s) was/wer must be separately provided				-
"The number of votes of	cast for the amendmen	t(s) was/were suffici	ent for approval	
by			."	
	(voting group)		•	
The amendment(s) was/wer action was not required.	e adopted by the board	d of directors withou	t shareholder action	ı and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incor	porators without sha	reholder action and	l shareholder
Dated	Jo-15	-09		
selec	a director, president of oted, by an incorporate sinted fiduciary by that	or - if in the hands of		
	(Typed or	r printed name of per	yoll Jr rson signing)	- -
•	Pro-	osid ent		