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COVER LETTER

TO: Amendment Section **Division of Corporations** - Cleaning DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & **■\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation

OIVISION CE PERPORATIONS

09 NOV 20 AM 9:46

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& degring of	20 ×	09 NOV 20 AM 9
(Name of Corporation as current	ly filed with the Florida Dept. o	f State)
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the	ne corporation;	
·		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the do name must contain the word "chartered," "profes	esignation "Corp," "Inc," or "C	o". A professional corporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(ROY)	
(Muning numress MATI BLITT OUT 1101		
D. If amending the registered agent and/or reg new registered agent and/or the new register	dstered office address in Florida red office address:	, enter the name of the
Name of New Registered Agent:		<u> </u>
	(Florida street address)	
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered age		t the obligations of the position.

Page 1 of 3

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)

Type of Action Address Title Rilvia Khalil □ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) adoption:		
	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	4174/09	
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	