

PO6000078407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

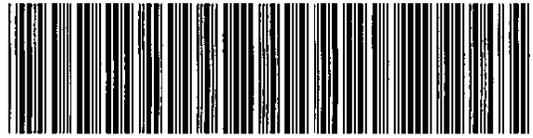
(Business Entity Name)

(Document Number)

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09 AUG 19 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AC  
Theris  
8-20-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** AVMAR, INC.

**DOCUMENT NUMBER:** P06000078407

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS C. SCOURTAS

Name of Contact Person

LOUIS SCOURTAS & ASSOCIATES, INC.

Firm/ Company

2430 ESTANCIA BLVD #108

Address

CLEARWATER, FL 33761

City/ State and Zip Code

CHELLEY@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS C. SCOURTAS

Name of Contact Person

at ( 727 )

443-0709  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2009

LOUIS C. SCOURTAS  
LOUIS SCOURTAS & ASSOCIATES, INC.  
2430 ESTANCIA BLVD., #108  
CLEARWATER, FL 33761

SUBJECT: AVMAR, INC.  
Ref. Number: P06000078407

We have received your document for AVMAR, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The word LTD is not acceptable in a corporation name. We will accept the word LIMITED spelled out. Please correct and return your document in order to complete the reinstatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 409A00026124

*SORRY WAS OUT OF WORK  
FOR 2 1/2 WEEKS - ENCLOSED  
CORRECTS AMENDMENT AS DISCUSSED  
- - - DJ 8-13-09*

RECEIVED  
2009 AUG 19 AM 8:00  
CLERK OF STATE  
TALLHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2009

AVMAR, INC.  
2430 ESTANCIA BLVD  
SUITE 108  
CLEARWATER, FL 33761 US

SUBJECT: AVMAR, INC.  
Ref. Number: P06000078407

RECEIVED  
2009 JUN 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for AVMAR, INC. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 309A00018705

*Per this notice, attached is the Amendment required for name change + fee for this. We do feel this is not right we must change the name + pay for it as it was NOT a mistake on our part. Thank you.*

Articles of Amendment  
to  
Articles of Incorporation  
of

AVMAR, INC.

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

P06000078407

(Document Number of Corporation (if known))

FILED  
09 AUG 19 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

AVMAR LIMITED, INC.

*The new 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:*

\_\_\_\_\_

*New Registered Office Address:*

*(Florida street address)*

\_\_\_\_\_

\_\_\_\_\_, Florida  
*(City) (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.*

\_\_\_\_\_  
*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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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: 6/5/2009  
(date of adoption is required)

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 6-5-09

Signature   
(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)

Brian L. Mountain  
(Typed or printed name of person signing)

President  
(Title of person signing)