

Florida Department of State

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Account Number : I2007000020

Phone

: (813)435-3176

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APPROVED MANUFACTURERS, INC.

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SECRETARY OF STATE

Articles of Amendment

	~ <i>```````````````````````````</i>
to Articles of In	or annimation
Articles of in	corporation SECRETARY OF
,0,	PALLAHTARYOF
APPROVED MANUFACTU	RERS, INC.
(Name of Corporation as currently filed wit	recorporation f TALLAHASSEE, FLORY h the Florida Dent. of State)
P06000136326	
(Document Number of Corpor	
Pursuant to the provisions of section 607.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corporat	don:
	
	The new
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation " name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporation
Lenter new principal office address, if applicable:	6700 GRIFFIN RD. #H
Principal office address <u>MUST BE A STREET ADDRESS</u>	110
	DAVIE, FL 33314
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6700 GRIFFIN RD. #H
	н
	DAVIE FI. 33314
	DAVIE, FL 33314
If amonding the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address: orida street address)

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)

Title	<u>Name</u>	Address	Type of Action	
DPST	MARIANELLA LEÓN	12000 N. DALE MABRY HWY, SUITE 110 TAMPA, FL 33618	Add Remove	
DPST	JAIME E. FERNANDEZ	6700 GRIFFIN RD #H DAVIE, FL 33314	Add Remove	
discount the Marie Indiana	· · · · · · · · · · · · · · · · · · ·		Add Remove	
(atlach addi	tional sheets, (f necessary). (Be specifi	-		
P. 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: 10/02/2009
	(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/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	.,9
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	2102109
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Haranella Lean (Typed or printed name of person signing)
	(Title of person signing)