PDUDD0143025

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL .
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06/28/12-01010-028 **35.00

Amend

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

NAME OF CORPORATION: A.I.D. 3 INC DOCUMENT NUMBER: P06000143025 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IRMA DECOTEAU Name of Contact Person A.I.D. 3 INC Firm/ Company 654 PUTNAM AVENUE Address ORLANDO FLORIDA 32804 City/ State and Zip Code idecoteau@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 718-075/ Area Code & Daytime Telephone Number IRMA DECOTEAU 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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

12 JUN 29 PH 3: 19

Articles of Amendment to Articles of Incorporation of

(Name of Corporation a	as currently filed with the Flo	rida Dept. of St	ate)	
P06000143025				•
(Docume	ent Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this FI	orida Profit Coi	poration adopts the follo	wing amendment(s) t
A. If amending name, enter the new n	name of the corporation:			
				The new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or "Co	". A professio		e abbreviation
B. Enter new principal office address Principal office address <u>MUST BE A</u>				
				
C. Enter new mailing address, if apple				
1	OTTICE BOX			
				
		<u>.</u>		
 If amending the registered agent as new registered agent and/or the ne 	nd/or registered office addres	s in Florida, en	er the name of the	
	ALWYN MORGA	J		
Name of New Registered Agent	801 WEST STATE R		E 2035	
	(Florida street			
New Registered Office Address:	ALTAMONTE SP	RINGS	_, Florida_32714	
ren neganorea oggae naavens,	(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
hereby accept the appointment as regis	tered agent. I am familiar with	and accept the	obligations of the positio	n.
G	Ky HAT.			
Si	gnature of New Registered Age	nt, if changing		
	1 / /			

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 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 Do	<u>oe</u>			
X Remove	<u>v</u> .	Mike Jo	nes			
_X Add	<u>sv</u>	Sally Sr	<u>ņith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove		-				
2) Change Add Remove						
3) Change Add Remove	<u></u>	_				
4) Change Add Remove				 		
5) Change Add Remove		_		 		
6) Change Add Remove		_				

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)

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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
,	
	,
	
	
	
·	

The date of each ame	endment(s) adoption: 6/20/20/2
Effective date if appli	1/20/210
•	(no shore than 90 days after amendment file date)
Adoption of Amenda	nent(s) (<u>CHECK ONE</u>)
The amendment(s) by the shareholders	was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The following statement 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) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action and shareholder ired.
Date	d + b/00/12.
Sign	(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)
	TRMA DE COTTAU (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)