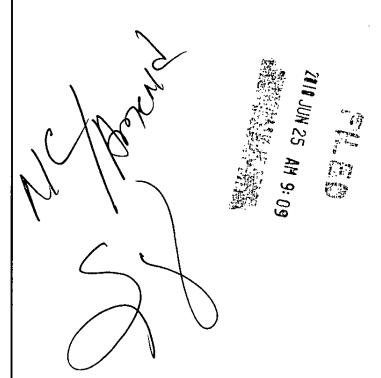
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lamonalc Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & Certificate of Status **∑**\$43.75 Filing Fee & ☐ \$52.50 Filing Fee ☐ \$35 Filing Fee Certified Copy
(Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

AM 9:09 **Articles of Amendment** to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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	he corporation			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the do- nume must contain the word "chartered," "profes	e word "corp esignation "Co	oration," ' orp," "Inc."	" or "Co". A	or "incorporated" or the professional corporation
3. Enter new principal office address, if applic Principal office address MUST BE A STREET.		1034 Dave	West enport,	Winds Dr. FL 33837
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)			
 If amending the registered agent and/or reg new registered agent and/or the new registe 			Florida, ente	r the name of the
Name of New Registered Agent:				
New Registered Office Address:	ed Office Address: (Florida street address)		dress)	<u>-</u>
	(City)		(Zip	, Florida Code)
iew Registered Agent's Signature, if changing hereby accept the appointment as registered age			d accept the o	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) Title Name Address Type of Action VP Margaret J. Lamonroo Add Bremove

				_ □ Add □ Remove
E. If amending or adding additional Art (utach additional sheets, if necessary).				
F. If an amendment provides for an exprovisions for implementing the ame (if not applicable, indicate N/A)	change, recla	ssification, or es	ncellation of is he amendment	sued shares, itself:
				

The date of each amendment(s)	adoption: 6-77-2010
Effective date if applicable:	(date of adoption is required)
(7)	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	approved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	*
(ve	oling group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	23-2010
selecte	licolor, president arother officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Jose RLAMONACD (Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	President
~	(Title of person signing)