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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: D_{oll}	AR ! MORE OF MARION COUNTY, INC.
DOCUMENT NUMBER:P0700	0081319
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
IRIS A POZO	Name of Contact Person)
	(Firm/ Company)
7852 NW 14"	TREET (Address)
OCALA, FLORIDA	City/ State and Zip Code)
For further information concerning this m	atter, please call:
Tais A Pozo (Name of Contact Person)	at (<u>352</u>) <u>624-7346</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee 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 Ameno	dment TLED
to Articles of Incorpo	SECRET 2009 FEB -2 PM 1: 16
OOLLAR! MORE OF MARION COUNTY (Name of Corporation as currently filed with	VTY INCLAHASSEE STATE
P0700008/3/9	,
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	n:
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	," or the designation "Corp," "Inc," or the word "chartered," "professional 7852 NW 14 TH STREET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS PAGOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	(City) , Florida (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) Title <u>Name</u> Address Type of Action □ Add □ Remove __ 🗖 Add ☐ Remove 🗖 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: January 14TH 2009
Effective date if applicable: January 1, 2009 (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
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)
TRIS A POZO (Typed or printed name of person signing)
RESIDENT
(Title of person signing)