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| (Requestor's Name) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| (1.7, 1.1.1.1.7) | | |
| PICK-UP WAIT MAIL | | |
| (Curio and Emilia Mana) | | |
| (Business Entity Name) | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

APPROVED

C. LEWIS

APR 1 0 2014

EXAMINER

COVER LETTER

Division of Corporations Construction Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: mail address: (to be used for feture annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

APPROVED AND FILED

Articles of Amendment to

Articles of Incorporation

14 APR -7 PM 2: 17

| (TAND G RO | ofina Go | oetn m | SECRETARY OF THE | SWH Empine |
|--|--------------------------------------|--------------------|--|--------------------|
| (Name of Corporation as cur | rently filed with the Flor | ida Dept. of State | <u>*************************************</u> | HUMBEL |
| PODO | 200096 | 125 | | |
| (Document Nu | ımber of Corporation (if k | nown) | | _ |
| Pursuant to the provisions of section 607.1006 its Articles of Incorporation: | 5, Florida Statutes, this <i>Flo</i> | orida Profit Corpo | pration adopts the following | ng amendment(s) to |
| A. If amending name, enter the new name | of the corporation: | | | |
| | | | | _The new |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association, | n "Corp," "Inc," or "Co | ". A professiona | | |
| B. Enter new principal office address, if an (Principal office address MUST BE A STRE | | | | _ |
| | | | | _ |
| C. Enter new mailing address, if applicable | <u>le:</u> | | | |
| (Mailing address <u>MAY BE A POST OFF</u> | FICE BOX | | | - |
| | | | | _ |
| | | | | _ |
| D. If amending the registered agent and/or new registered agent and/or the new re- | | s in Florida, ente | r the name of the | |
| Name of New Registered Agent | | | | |
| | (Florida street | address) | | |
| New Registered Office Address: | <u></u> | | , Florida | _ |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered | | h and accept the o | bligations of the position. | |
| Signat | ure of New Registered Age | ent, if changing | <u>. </u> | |

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 <math>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 | PT John Doe | |
|-------------------------------|---------------------|---------------------|
| X Remove | V Mike Jones | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | Title Name | Address |
| 1) Change | FIS Kobert H. 1508S | 880 Glodiola Cude |
| Add | | APT #360 |
| Remove | | Rackledge, Fl 33955 |
| 2) Change | | |
| Add | | |
| Remove | | |
| 3) Change | | |
| Add | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| 5) Change | | |
| Add | , | |
| Remove | | |
| 6) Change | <u></u> | |
| Add | | |
| Remove | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | | |
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| F. If a | n amendment provides for an exc | change, reclassification, or cancellation of issued shares, | | |
| pro | ovisions for implementing the amo | endment if not contained in the amendment itself: | | |
| | (if not applicable, indicate N/A) | | | |
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| The date of each amendment(s) adoption: _date this document was signed. | April 1 3014 | 14 APR -7 PH 2: 17, if other than the |
|---|---|---------------------------------------|
| Effective date if applicable: | (no more than 90 days after amen | SECRETARY OF STATE |
| Adoption of Amendment(s) (C | CHECK ONE) | |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo | r approval. The number of votes | cast for the amendment(s) Share holde |
| The amendment(s) was/were approved by must be separately provided for each voting | | |
| "The number of votes cast for the am | endment(s) was/were sufficient for ap | pproval |
| by | voting group) | |
| The amendment(s) was/were adopted by the action was not required. | e board of directors without sharehol | der action and shareholder |
| The amendment(s) was/were adopted by the action was not required. | ne incorporators without shareholder a | action and shareholder |
| Dated 4/1/C | 1 | |
| Signature | | > |
| (By a director, prefected, by an in | estdent or other officer – if directors of a receivery by that fiduciary) | |
| | (Typed or printed name of po | erson signing) |
| | Owner Pres | ing) |