## P07000125901

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(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
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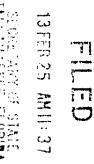
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FEB 2 7 2013

## **COVER LETTER**

TO; Amendment Sec Division of Corp		•	
NAME OF CORPO	RATION: Ez Cure Go	olf Inc.	
DOCUMENT NUM	<sub>век:</sub> Р 0700012590	)1 	<u> </u>
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this man	ter to the following:	
	ed mauro		
		Name of Contact Persor	1
	Ez Cure golf		
		Firm/ Company	
	248 Alt 19 n		
		Address	
	palm Harbor fl		
		City/ State and Zip Code	
ed	mauro@clubclean	net	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
ed mauro		at (727	518-9773
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	nendment Section vision of Corporations		ment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building			
Tal	lahassee. FL 32314	2661 E	executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED
13 FEB 25
TALT THE STATE STATE

EZ Cure Golf Inc,

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000125901

(Document Number of Corporation (if known)

ent(s) to

	e corporation:
Natures Distributing Inc.	The ne
	word "corporation," "company," or "incorporated" or the abbreviatio "orp," "Inc," or "Co" - A professional corporation name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)
D. If amending the registered agent and/or reg	istered office address in Florida, enter the name of the
new registered agent and/or the new register	
new registered agent and/or the new registe	(Florida street address)
new registered agent and/or the new registe	(Florida street address) Florida
new registered agent and/or the new register  Name of New Registered Agent	(Florida street address), Florida (City) (Zip Code)

## 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change			
Add		-	<u>.</u>
Remove		-	
2) Change			
Add		-	
Remove		_	
3 ) Change			
Add		_	
Remove		-	·
4) Change			
Add		_	
Remove		-	
5) Change			
Add			
Remove		-	
6) Change	-		
Add			
Remove		_	, <u> </u>

	(Be specific)			
		-		
		<del></del>		
<del></del>				
if an amendment provides for an excl	nange, reclassific	ation, or cancellat	on of issued sl	<u>nares,</u>
if an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassific andment if not co	ation, or cancellat ntained in the ame	on of issued sl ndment itself:	<u>nares,</u>
provisions for implementing the ame	nange, reclassific ndment if not co	ation, or cancellat ntained in the amo	on of issued sl ndment itself:	nares,
provisions for implementing the ame	nange, reclassific indment if not co	ation, or cancellat ntained in the ame	on of issued sl ndment itself:	nares,
provisions for implementing the ame	nange, reclassific ndment if not co	ation, or cancellat ntained in the amo	on of issued sl ndment itself:	iares,
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provisions for implementing the ame	nange, reclassific ndment if not co	ation, or cancellat ntained in the ame	on of issued si ndment itself:	nares,
provisions for implementing the ame	nange, reclassific ndment if not co	ation, or cancellat ntained in the ame	on of issued sl	nares,

	2 - 19 - 13
The date of each amendment(s) a	idoption:
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were acceptation was not required.	dopted by the incorporators without shareholder action and shareholder
Dated Febru	iary 19th 2013
Signature	
	director, president or other officer - if directors or officers have not been
	ted, by an incorporate if in the hands of a receiver, trustee, or other court
appoi	inted fiduciary by that fiduciary)
	Ed Mauro
	(Typed or printed name of person signing)
	President
	(Title of person signing)