P08000012255

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COVER LETTER

Division of Corporations NAME OF CORPORATION: 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: 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 (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to Articles of Incorporation

of

LAKE TALQUIN STO	DRE	INC.		
(Name of Corporation as currently filed with the Flor	rida Dept.	of State)		
P08000012255				
(Document Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the statute	'orida Prof	it Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:				
				The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A pro	ny," or "incorpora fessional corporati	ated" or the ab ion name must c	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			·	
C. Enter new mailing address, if applicable:			**	y: #
(Mailing address MAY BE A POST OFFICE BOX)			3 2	7
			C C	سى شىرى المراجعة
			75. 4 5 10. 4 5	٠. ال
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Flori	da, enter the name	of the	PM 4: 2
Name of New Registered Agent				2
(Florida stree	t address)		*	
New Registered Office Address:		, Flórida		=
(City)			(Zip Code)	
			,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and acc	ept the obligations	of the position.	
Signature of New Registered Ag	rout if ab.			
Signature of New Registered Ag	дени, у спи	OSOIX		

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO: held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or [if necess rector title Presiden = Chief in the fo ves the co	Director be sary) Ile by the f I; T= Tree Financial or would it Ilowing n orporatio	eing added: irst letter of the office title: cusurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more ti be PTD. tanner. Currently John Doe is listed as the I n, Sally Smith is named the V and S. These s	director being removed and title, name, and custee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is chould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Billy Tala	1584 Lee Ave Tallahassee; FL
Add Remove		•		32303
2)Change		_		
Add		•		
Remove				
3) Change				
Add				
Remove				
4) Change		<u> </u>		
Remove				
5) Change		_ 		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change		_		
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_ Remove

ttach additional	dding additional Art I sheets, if necessary).	(Be specific)			
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f an am	st waarddaa fa	homes woolsesids-4	on or op-sallas!	of issued shares	
nrovisions for i	t provides for an exc implementing the am	mange, recrassificati	sined in the amend	ment itself.	
(if not appli	icable, indicate N/A)	enament ii not cont	in the pinetic		
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				•	
					
					
				<u></u>	

The date of each amendment(s) adoption: 12-5-12
Effective date if applicable:
(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 12-5-2012
Signature Dema Tala
(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)
Denna P. Tala
(Typed or printed name of person signing)
Tresident
(Title of person signing)