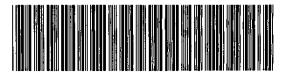
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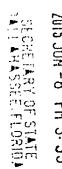
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JUN 18 2014

C. CARROTHERS

# **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	00000	Pumpers, Inc	
DOCUMENT NUMBE	sk: <u>108000</u>	010000	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_	Ronni	e Sheffield Name of Contact Person	<u>d</u>
_	Marioc	Pumpers, 1	nc.
-	13300	SECR 484 Address	
Belleview, PL 34420 City/State and Zip Code			
	E-mail address: (to be us	1PEY ( QO), C ced for future annual report	
For further information	concerning this matter, pleas	se call:	
Ronnie	Sheffield Contact Person	at (3,52 Area Co	de & Daytime Telephone Number
- 1	the following amount made		•
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address	Street	Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# **Articles of Amendment**

# to Articles of Incorporation of

Marion	Pumpers. Inc.	
(Name of Co	propration as currently filed with the Florida Dept. of State	5 0
P 0 80000	D40868	
	(Document Number of Corporation (if known)	
Pro	Chaile Carrier die Ffrait, D. C. C	
its Articles of Incorporation:	, Florida Statutes, this Florida Profit Corporation adopts the follo	- TMC -01
•		# 35 F10
A. If amending name, enter the new name of	of the corporation:	E ω
	the word "corporation," "company," or "incorporated" or th	The new
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,  B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	plicable: ET ADDRESS )	ust contain the
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the cistered office address:	· .
Name of New Registered Agent	N/A	
		÷
	(Florida street address)	
New Registered Office Address:	Florida	
		Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the obligations of the position	on.
	Signature of New Registered Agent, if changing	<del></del>

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 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	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	S John Tidwell	1710 SE 178 Ln
Add Remove		Summerfield, FL34491
2) Change	S Matthew Johnson	4380 SE 58 Ave Ocala, FL 34480
Remove 3) Change Add		
Remove 4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove	·	

in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  A/A	reclassification, or cancellation of issued shares, at if not contained in the amendment itself:	mending or adding additional Arti ach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
in amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	reclassification, or cancellation of issued shares, at if not contained in the amendment itself:	<u> </u>	
ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	nt if not contained in the amendment itself:	N/A	
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ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	nt if not contained in the amendment itself:	n amendment nuovides for an eval	hange replacification or cancellation of issued shares
N/A		ovisions for implementing the ame	endment if not contained in the amendment itself:
N/A		(if not applicable, indicale N/A)	
		N/A	

The date of each amendment(s) ado	ption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(icient for approval.	s)
	oved by the shareholders through voting groups. The following statemach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sharehold	ег
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	ham Shiften	
Signature	ham Shiften	
(By a din	ector, president or other officer - if directors or officers have not been	
	by an incorporator $-$ if in the hands of a receiver, trustee, or other coud fiduciary by that fiduciary)	rt
	Ronnie Sheffield (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	Predisent	
	(Title of person signing)	•