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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: PYUR 1	JANO WATER
DOCUMENT NUMBER: POSODOE	1443
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
AKIN A. ASHEI	Mact Person)
PYUR NANO WA	HER_
19046 BRUCE B.	DOWN BLVD #186
TAMPA # 3364 (City/ State at	nd Zip Code)
For further information concerning this matter, pleas	se call:
AKN A. ASHEKUN (Name of Contact Person)	at (813) 391-8419 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount 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	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

08 DEC 10 PM 3: 31

(Name of Corporation as cu	rrently filed with the	Florida Dept. of S	<u>State</u> )
PYUR NAMO W	ATER IN	C	
(Document N	umber of Corporation	(if known)	<del></del>
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		, this <i>Florida Prof</i>	fit Corporation adopts the
A. If amending name, enter the new name	e of the corporation:		,
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation no association," or the abbreviation "P.A."	," "Inc.," or Co.,"	or the designation	"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u> )			
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/o new registered agent and/or the new re			enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida	street address)	
		City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.	iging Registered Agei	nt:	
_	Signature of New Re	gistered Agent, if c	hanging

removed a	g the Officers and/or Directors, en nd title, name, and address of each litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
_/			
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
To:	VDNG FRICLE NI THCKEASE HUMBE RES @ . OOLL		TO IOMM
<u> </u>	1230,0014		
provisi	mendment provides for an exchang ons for implementing the amendm not applicable, indicate N/A)		
		<u> </u>	

The date of each amendment	(s) adoption: NOV 21 <sup>ST</sup> 2.808
Effective date if applicable:	
<u></u> -	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and 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)
	1 4 11 4 1 1 1 1 CP - 44 1 CP - 44 to A should demonstrate and should demonstrate a
action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	10V 21ST 2008
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	AKIN A. ASHEKUH
	(Typed or printed name of person signing)
	<i>Q.</i>
	(Title of person signing)