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(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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TARY OF STATE
HASSEE, FLORIDE

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 6, E, S	S.D.C.S. INC.	
DOCUMENT NUMBER: 100/34	1446991	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
DAVID Staple	ton	
(Name	e of Contact Person)	
(F	irm/ Company)	
15440 HAYES	LANE	
	(**************************************	
HOMESTEAD, (City)	2. 33035 State and Zip Code)	
For further information concerning this matter		
David Stapleton (Name of Obntact Person)	at (<u>786</u>) <u>237</u> (Area Code & Daytime T	- 8077 Telephone Number)
Enclosed is a check for the following amount:		
\$35 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)
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 Articles of Incorporation Name of corporation as currently filed with the Florida Dept. of State) (Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporate adopts the following amendment(s) to its Articles of Incorporation: **NEW CORPORATE NAME (if changing):** (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (Attach additional pages if necessary) If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: $\frac{Q9}{29} = \frac{8}{8}$			
Effective date if applicable: 10/15/08 (no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were approved 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.			
Signature (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)			
Closia ELGNA Stapleton (Typed or printed name of person signing)			
PRESident.			
(Title of person signing)			

FILING FEE: \$35