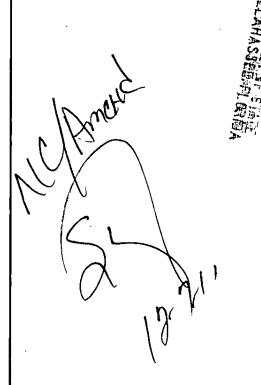
## 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>∌#</b> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
•		
	Office Use Onl	·v



12/05/11--01013--010 \*\*35.00



## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Enterprise Group, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: e Enterprise Group, For further information concerning this matter, please call: Samuel A. Coats, Jr. at (305) 362-2767

Name of Contact Person 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 & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

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

(Name of Corporation as Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

If amending name, enter the new nam	<u>ie of the corporation:</u>		
C-Batt Fntra	rise Groun	$\rho$ , InC.	
e new name must be distinguishable and	contain the word "corpor	ation," "company," or "incor	porated" or th
breviation "Corp.," "Inc.," or Co.," or	the designation "Corp,"	"Inc," or "Co". A profession	nal corporatio
me must contain the word "chartered," "	'professional association,"	or the abbreviation "P.A."	
Enter new principal office address, if	annlicable:	NA	
rincipal office address MUST BE A STR			
	,		
Enter new mailing address, if applica	ble:	NIA	
(Mailing address MAY BE A POST OF		NIK	<u> </u>
		<u> </u>	
If amending the registered agent and/		ess in Florida, enter the name	of the
new registered agent and/or the new r	registered office address:		
Name of New Registered Agent:	NIA		
	· · · · · · · · · · · · · · · · · · ·		
	(Florida stree	et address)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
w Registered Agent's Signature, if cha	nging Registered Agent:		
ereby accept the appointment as register		ith and accept the obligations	of the position.
	•		
	CM Date 14		
Victor.	ature of New Registered Ag	vent it changing	

		up to 6 officers/	directors. If you	u have mor	e than 6	officers/dire	ctors, please	e list them o	on an
additional she Title(s)	eet.)	Name			Address				
1) ML.		Samuel 1001. sk	Coats, Juane Holder	<u>Q</u> .	670F	Red 1996	Road,	STE 5 3143	08
2)									
3)				·					
4)				<u>-</u> .					
5)				<u>-</u> .					
6)				_					
<u>If REMOVIN</u>	NG an office	er and/or directo	r, please list the	title(s) and	name o	the officer/	director to l	oe removed	<u>:</u>
Title(s)	<u>Name</u>			Title(s)		<u>Name</u>			
1)		,		4)	•				
2)				5)					

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Bespecific)				
		in the second		
		· · · · · · · · · · · · · · · · · · ·	<del></del>	
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
			<del>-</del>	
	·			
<u> </u>	<del></del>		<u>.</u>	
			<u> </u>	
				· <u>-</u>
		<u> </u>		
	<del></del>	<del></del>		
			<del></del>	
				<del></del>
	· · · · · · · · · · · · · · · · · · ·	<del></del>		
			<del></del>	<u> </u>
		- · · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
			<del></del>	

provisions for	ment provides for an exchange; reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
(if not ap	pplicable, indicate N/A).
N/A	<u> </u>
<u></u>	
<u></u>	
<del>-</del>	
The date of each	amendment(s) adoption: 12/1/2011
Effective date <u>if</u>	annlicable:
Enective date in	(no more than 90 days after amendment file date)
Adoption of Am	endment(s) (CHECK ONE)
	( <u>enzerrona</u> )
The amendment by the shareho	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	nt(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nur	mber of votes cast for the amendment(s) was/were sufficient for approval
by	**
<u> </u>	(voting group)
The amendment action was not	nt(s) was/were adopted by the board of directors without shareholder action and shareholder required.
The amendmen action was not	nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.
	Dated 12   1   20   1
	Signature Samuel H. Guts R
	(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)
	Samuel A. Coats JR.  (Typed or printed name of person signing)
	President
	(Title of person signing)

Page 4 of 4