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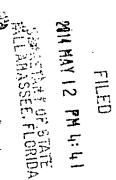
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ROTUNDA	HOMES, INC.		
DOCUMENT NUMB	ER: P0800008903	8		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
	LUISA FIEBE			
-		Name of Contact Person	3	
_	ROTUNDA HOM	ES, INC.		
	<u>'</u>	Firm/ Company		
	12739 BALSAM /	AVE.		
-		Address		
	HUDSON, FL 34	669		
		City/ State and Zip Cod	e	
lfieb	e@gmail.com			
		sed for future annual report	notification)	
	-			
For further information	concerning this matter, pleas	se call:		
LUISA FIEBE		_{at (} 727	919-6591	
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 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		Street Address		
	ndment Section sion of Corporations	' Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEO 2014 MAY 12 PH 4: 41

ROTUNDA HOMES, INC.			Milk With 12	EISTATE,
(Name of Corporation as current	tly filed with the Florids	Dept. of State)	PILLAHASSEE	FLORIUA
P08000089038			RIP.	
(Document Number	er of Corporation (if know	vn)	- Property of the second of th	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	la Profit Corporatio	n adopts the following	amendment(
A. If amending name, enter the new name of th	ne corporation:			
N/A			2	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co".	A professional corp	orporated" or the abb	reviation
B. Enter new principal office address, if applic		N/A		
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable:		,		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A		
	_			
D. If amending the registered agent and/or reg new registered agent and/or the new registe		Florida, enter the	name of the	
Name of New Registered Agent	N/A			
Name of New Registered Agent				
	(Florida street add	dress)		
N. B	NIA			
New Registered Office Address:	(City)	, Flor	(Zip Code)	
	,			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		nd account the obliga	tions of the position	
The coy accept the appointment as registered age.	I am jammar with ar	ia accepi ine oviiga	nons of the position.	
Signature o	of New Registered Agent,	if changing		

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	Р	CHRISTOPHER M WICKS	12739 BALSAM AVE.	
Add			HUDSON, FL 34669	
Remove				
2) Change	V	LUISA FIEBE	130 RIVIERA DUNES WAY	
Add			UNIT 201	
Remove			PALMETTO, FL 34221	
3) Change				
Add				
Remove				
4) Change		·····		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ional sheets, it necessarv). (Be specific)	ige(s) here:		
	n/A				
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f an amend	ment provides for an ex	change, reclassifi	cation, or cancella	tion of issued shares.	ı.
provisions	for implementing the ar	<u>mendment if not c</u>	cation, or cancella ontained in the am	tion of issued shares. endment itself:	ı
provisions	ment provides for an ex for implementing the ar applicable, indicate N/A)	<u>mendment if not c</u>	cation, or cancella ontained in the an	tion of issued shares. lendment itself:	
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provisions	for implementing the ar	<u>mendment if not c</u>	cation, or cancella ontained in the an	tion of issued shares. lendment itself:	

date this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than t
Effective date if applicable:	MAY 1, 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wei by the shareholders was/wei	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 ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated MA	Y 1, 2014	
Signature 🟒	Mistogher Wich	
se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	CHRISTOPHER M. WICKS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	