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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	SPIES AND ASSOCIATES,	INC.
DOCUMENT NU	MBER:	P08000093451	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		JRA ENGELHARDT Jame of Contact Person	
	Į.	value of Contact Person	
	SPIES A	AND ASSOCIATES, INC.	
		Firm/ Company	
P.O. BOX 360295			
		Address	
		AMPA, FL 33673	
	C	City/ State and Zip Code	
<u></u>	laurae@s E-mail address: (to be use	spiesandassoc.com ad for future annual report notification)	
For further information	ation concerning this matter,	please call:	
		at (813)374	4-9272
Name	of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departn	nent 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

ASSOCIATES, INC.		
ntly filed with the Florida	Dept. of State)	
000093451		
ber of Corporation (if know	/n)	
i, Florida Statutes, this <i>Flo</i>	orida Profit Corporation	adopts the following
the corporation:		
		The new
designation "Corp," "Inc, "essional association," or ticable: TADDRESS) CE BOX	" or "Co". A professio he abbreviation "P.A."	orated" or the mal corporation ASEE BETARY OF STATE AND: 58
egistered office address in tered office address:	Florida, enter the nam	<u>e of the</u>
(Florida street ad	ddress)	
	, Florida	
(City)	(Zip Code)	
g Registered Agent: gent. I am familiar with ar	nd accept the obligations	of the position.
	cegistered office address in tered office address: (Florida street address: (City)	ber of Corporation (if known) , Florida Statutes, this Florida Profit Corporation the corporation: the word "corporation," "company," or "incorp designation "Corp," "Inc," or "Co". A professio essional association," or the abbreviation "P.A." icable: TADDRESS) cegistered office address in Florida, enter the name tered office address: (Florida street address) , Florida (City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>V.P.</u>	Laura Engelhardt	220 Channel Drive Unit #3 Tampa, FL 33606	
			
E. If amend (attach ad Add Articl Howard A	ding or adding additional Articles, edditional sheets, if necessary). (Be see: Issuance of 51% of shares to a Spies.	nter change(s) here: specific) b Laura Engelhardt; 49% of s	shares to
		,	
<u>provisi</u>	mendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: July 29, 2009
Effective date if applicable:	(data of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated July	29, 2009
sel	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 pointed fiduciary by that fiduciary)
	HOWARD A. SPIES, JR.
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)