P09000010569

(Requestor's Name)
(Address)
(1881055)
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(Address)
(City/State/Zip/Phone #)
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ARY OF STATE
F CORPORATIONS

Anund (CC)
(a) 3/25/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:April DOCUMENT NUMBER:PO 900	10 70 Inc.	
DOCUMENT NUMBER: PO 900	00010569	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Carme of	en Costa f Contact Person)	
Apollo 70 (Firm	D Inc.	
8415 Harding Av	Venue #1 Address)	
Miami Beach 1	FL 33/4/ ate and Zip Code)	
For further information concerning this matter, p	,	
Carmen Costa (Name of Contact Person)	at (<u>305</u>) <u>725-8/96</u> (Area Code & Daytime Telephone Nur	nber)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of St	ate:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	Certified Copy Certific (Additional copy is Certifie	ate of Status d Copy onal Copy
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 to **Articles of Incorporation**

	of		72 0 0,0
Analla 7	2 Tue		00 04
(Name of Corporation as cu	rrently filed with the	Florida Dept. of State)	The same
P090000			رمي. د مي
(Document N	Jumber of Corporation	(if known)	<u> </u>
	-		
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		, this <i>Florida Profit Co</i>	rporation 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 "Cos	rp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR.			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
(Maning data ess MATT DE ATTOST OF			
D. If amending the registered agent and/o new registered agent and/or the new re			the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida	street address)	
			Florida
		City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.			he obligations of the
	Signature of New Re	gistered Agent, if changi	ng

		Officer and/or Director being added:	
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	Name	<u>Address</u>	Type of Actio
D	Ricky Sooter	934 3rdstreet aleyandria, LA 71309	Add Add Remove
			□ Add □ Remove
			Add Remove
provisi		, reclassification, or cancellation of iss nt if not contained in the amendment i	
provisi	ions for implementing the amendme		
provisi	ions for implementing the amendme		

The date of each amendment(s) adoption: 3/50/09
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3/20/09
Signature <u>Carmen Costa</u> (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)
(Typed or printed name of person signing)
Pre si de nt (Title of person signing)