P09000028973

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	ROOT CUSTOMZ
DOCUMENT NUMBER: Q	000028973
The enclosed Articles of Amendment a	and fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
JAMOS	(Name of Contact Person)
STROO	(Firm/ Company)
240 Ro	WOR (Address)
SANFORD TOPO	FL 3277 (City/ State and Zip Code)
For further information concerning this	matter, please call:
(Name of Contact Person) Finchesed is a check for the following or	at () (Area Code & Daytime Telephone Number) mount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Star	: &\$43.75 Filing Fee &\$52.50 Filing Fee
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

SECRETAR	L'ED
DIVISION OF C	Y OF STATE
09 APR 13	DM 1-

Ar	ticies of incorporation	09 APR 12 Du
(TOOK	of Cartain D	09 APR 13 PM 12:
(Name of Company)	rrently filed with the Florida Dep	V C -
(Name of Corporation as cut	CONTRACTOR OF THE PROPERTY OF	r. 01 State)
Dogwood	1284+5	
(Document A)	umber of Corporation (if known)	
Pursuant to the provisions of section 607.19 following amendment(s) to its Articles of Inc.	006, Florida Statutes, this <i>Florida</i> corporation:	Profit Corporation adopts the
A. If amending name, enter the new name	of the corporation;	
The new name must he distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.," or the design	ation "Corp," "Inc," or
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or new registered agent and/or the new re		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addres	5)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.		nd accept the obligations of the
	Signature of New Registered Ager	nt, if changing

V.D. JAMOS R. FUENTES 240 POWOR CT GAR. SAN FORT FL. 32771 DI RI	Title	<u>Name</u>	Address	Type o
E. If amending or adding additional Articles, enter change(s) here:	V.P.	POBERT CERABINO	240 Power CT SANFORD FL 3277	1 D A
E. If amending or adding additional Articles, enter change(s) here:	<u> 4.P</u> .	JAMOS R. Fuentes	240 fower CT SANFORD FL 32	© Ac 7.71 □ Ro
				······································
		mendment provides for an exchange, re-		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	provisi	ons for implementing the amendment if		
	provisi	ons for implementing the amendment if		

Page 2 of 3

A)	pr	06	09	02:	57p
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The date of each amendment(s) adoption: 4-7-09
Effective date if applicable: 4-7-9 (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 east 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
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.
Dated 4/7/09
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)
(Typed or printed name of person signing)
(Title of person signing)