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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

APROVED A



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Myknsons Fence O	20
DOCUMENT NUMBER: P09000033029	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
TEMPI MARIE SAVOIE	
N	ame of Contact Person
MYKNSONS FENCE CO.	
	Firm/ Company
728 CORVETTE DRIVE	
	Address
LARGO, FL 33771-1107	
	ty/ State and Zip Code
TSAVOIE2@TAMPABAY.RR.CO	DM
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
TEMPI MARIE SAVOIE	at (727) 518-2985
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:
	□\$43.75 Filing Fee & □\$52.50 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 to Articles of Incorporation of

MYKNSONS FENCE CO.		70 -41
(Name of Corporation as currently filed with the F	Florida Dept. of State)	50%
09000033029		
(Document Number of Corporation (i	if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, 1	r	ration adopts the follow
nendment(s) to its Articles of Incorporation:	uns Pioriau Projet Corpor	anon adopts are remon
•		
. If amending name, enter the new name of the corporation:		
he new name must be distinguishable and contain the word "corpobbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," ame must contain the word "chartered," "professional association,	" "Inc," or "Co". A profe	essional corporation
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	•	
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
. If amending the registered agent and/or registered office add	ress in Florida, enter the r	same of the
new registered agent and/or the new registered office address		
AV D AV D		
Name of New Registered Agent:		_
(Florida str	eet address)	
New Registered Office Address:	, Floric	da
(City)		(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	•	

Signature of New Registered Agent, if changing

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.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)	Name	<u>Ad</u>	<u>dress</u>
1) PDS	TEMPI MARIE SAVOIE	728 LAI	CORVETTE DR. RGO, FL 33771-1107
2)		<u> </u>	
3)			
4)			
5)			
6)			
<u>If REMOVIN</u>	G an officer and/or director, please list	the title(s) and na	me of the officer/director to be removed:
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1) <u>VP</u>	MICHAEL TAFLINGER	4)	
2) <u>VP</u>	NICHOLAS NAGEL	5)	

3)____

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)		
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311 44 4 10 4 10 4 10 4 10 4 10 4 10 4 1			

<u>provisions for implementing</u> (if not applicable, indicate	the amendment if not contained in the amendment itself: $N(A)$
(y noi applicable, maicale	WAJ
The date of each amendment(s) a	doption: 12/1/2011
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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	19
oy	(voting group)
_	•
I The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12-	-1-11
Signature \	empi Pauri
(By a di selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
-	TEMPI SAVOIE
-	(Typed or printed name of person signing)
	DDEOIDENT
<u>-</u>	
<u>!</u>	PRESIDENT (Title of person signing)