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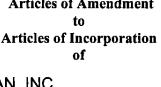


#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: CLIFFORD M. KAUFFMAN, INC. |  |   |   |  |
|---|--|---|---|--|
| DOCUMENT N                                      | NUMBER: P09000042365                       |   |   |  |
| The enclosed Ar                                 | rticles of Amendment and fee a             | are submitted for filing.   |   |  |
| Please return all                               | correspondence concerning th               | is matter to the following:                                       |   |  |
| S   | TEPHEN W. GILBER                           | TSON, CPA   |   |  |
|   | Name                                       | of Contact Person   |   |  |
| <u>s</u>  | STEPHEN W. GILBERTSON, CPA, PA             |   |   |  |
|   | Fi   | rm/ Company   |   |  |
| <u>2</u>  | 740 E OAKLAND PARI                         | K BOULEVARD, SUITE  | 206   |  |
|   |  | Address   |   |  |
| F   | ORT LAUDERDALE, I                          | FL 33306  |   |  |
| •   | City/ S                                    | tate and Zip Code   |   |  |
|   | SWGCPAPA@AOL.CO                            | )M  |   |  |
|   |  | d for future annual report notification)                          |   |  |
| For further infor                               | mation concerning this matter,             | please call:  |   |  |
| CLIFFORD KAUFFMAN                               |  | at ( 954 ) 529-3590   | ·   |  |
| Name of Contact Person                          |  | at (954 ) 529-3590  Area Code & Daytime Telephone Number          |   |  |
| Enclosed is a che                               | eck for the following amount n             | nade payable to the Florida Depa                                  |   |  |
| <b>✓</b> \$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  |   |  |
| Amendment Section                               |  | Amendment Section   |   |  |
| Division of Corporations                        |  | Division of Corporations  |   |  |
| P.O. Box  |  | Clifton Building 2661 Executive Center Circle                     |   |  |
| Tallahassee, FL 32314                           |  | Tallabassee El 32301  | ie.   |  |

#### **Articles of Amendment** to of



### CLIFFORD M. KAUFFMAN, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P090000423695

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| . If amending name, enter the new name   | of the corporation                                 | <u> </u>                     |                      |
|--|--|------------------------------|----------------------|
| L JUNIOR, INC.   |  |                              |                      |
| ne new name must be distinguishable ncorporated" or the abbreviation "Corp., Co". A professional corporation na sociation," or the abbreviation "P.A." | ," "Inc.," or Co.,                                 | or the designation           | "Corp," "Inc," or    |
| Enter new principal office address, if aprincipal office address MUST BE A STRE  |  |                              |                      |
|  |  |                              |                      |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF  |  |                              | <del></del>          |
|  | _  |                              |                      |
| If amending the registered agent and/or new registered agent and/or the new reg  | <u>registered office a</u><br>gistered office addr | ddress in Florida, e<br>ess: | nter the name of the |
| Name of New Registered Agent:  |  |                              |                      |
| New Registered Office Address:   | (Florida   | street address)              | <u> </u>             |
|  |  | (City)                       | , Florida(Zip Code)  |
| w Registered Agent's Signature, if chang ereby accept the appointment as registere ition.  | ing Registered Age                                 | ent:                         |                      |
| <u> </u>   | Signature of New R                                 | egistered Agent, if ch       | anging               |

## 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                          |                       | Address  |                 |
|------------------|-------------------------------|-----------------------|--|-----------------|
| 1)               |                               |                       |  |                 |
| 2)               |                               |                       |  |                 |
| / <del></del>    |                               | _                     |  |                 |
| 3)               |                               | <u> </u>              |  |                 |
| 4)               |                               | _ <u>_</u>            | 1, <u>1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</u> |                 |
| 5)               |                               |                       |  |                 |
| 6)               |                               | <del></del>           |  |                 |
| <u> </u>         |                               |                       |  |                 |
| If REMOVING an o | fficer and/or director, pleas | e list the title(s) a | and name of the officer                            | /director to be |
| Title(s)         | <u>Name</u>                   | Title(s)              | <u>Name</u>  |                 |
| 1)               |                               | 4)                    |  |                 |
| 2)               |                               | 5)                    |  |                 |
| 3)               |                               | 6)                    | •  |                 |

| attaeh d       | additional sheet                                     | s, if necessary). | (Be specific)  |      |
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| If an a        | mendment pro   | vides for an exc  | hange, reclassification, or cancellation of issued sha<br>ndment if not contained in the amendment itself: | ıres |
| <u>provisi</u> | mendment pro<br>ions for implen<br>not applicable, i | nenting the ame   | hange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:     | ıres |
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| provisi        | ons for implen                                       | nenting the ame   | hange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:     | ires |

| The date of each amendment(s) adoption: OCT  | OBER 28, 2011   |
|--|---|
| Effective date if applicable: OCTOBER  | 3date 2 odapsion - required)  |
|  | ys after amendment file date)   |
| Adoption of Amendment(s) (CHECI  | K ONE)  |
| The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation of the shareholders was approximated by the shareholders was approx | reholders. The number of votes cast for the amendment(s) oval.  |
|  | areholders through voting groups. The following statemen up entitled to vote separately on the amendment(s):          |
| "The number of votes cast for the amendment  | nt(s) was/were sufficient for approval  |
| by   | ."  |
| The amendment(s) was/were adopted by the board action was not required.  | d of directors without shareholder action and shareholder   |
| The amendment(s) was/were adopted by the incoraction was not required.   | porators without shareholder action and shareholder   |
| Dated OCTOBER 28, 20   | )11   |
| · · · · · · · · · · · · · · · · · · ·  | or other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court |
| CLIFFORD M. (Typed o   | KAUFFMAN r printed name of person signing)  |
| PRRSIDEN   | tla of passon signing)  |