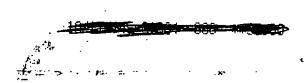
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SECRETARY OF STATE

C. Lewis 10-28-14

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Contact Person For further information concerning this matter, please call: 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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

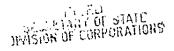
TO: Amendment Section

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



(a) Trace (or		14 OCT 17	FM & ZO
(Name of Corporation as currently	filed with the Florida Dept. of State)		
YU9005367			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corporation</i> add	opts the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:		
Contrare Corp			The new
name must be distinguishable and contain the wi "Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the	rp," "Inc," or "Co". A professional corporat	ated" or the ab	breviation ontain the
B. Enter new principal office address, if applicab			
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)		
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3OX)		
D. If amending the registered agent and/or registered agent and/or the new registered		e of the	
	a once address.		
Name of New Registered Agent			•
	(Florida street address)		
N. D. C. LOW ALL			
New Registered Office Address:	, Florida (City)	(Zip Code)	
Nam Desistant Annual Cincaton (C.)			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		of the position.	
Signature of	New Registered Agent, if changing		

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) '

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
Change	NP	<u> </u>	Charles Saybob	5071 5 State Road 7 # 718
Add Remove				Davie, PC 3334
2) Change	Y		Kalkryn M Forte	5071 55tate Road:
Remove				Davie, R 333314
3) Change Add		_		
Remove				
4) Change Add		_	<u> </u>	
Remove				
5) Change		_		.
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	10	14	2014	Carried Table	OF STATIONS	, if other than the
date this document was signed.	114	04	- ,	MAy2104 2	DM 2: 29	
Effective date if applicable:	114 1	1014		14 OCT 17	PH &	_
-	(no mo	re than 90	days after ame	endment file date)		
Adoption of Amendment(s)	CHECK O	NE)				
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he sharehole or approval.	ders. The	number of vote	s cast for the amer	ndment(s)	
The amendment(s) was/were approved by must be separately provided for each vota						
"The number of votes cast for the an	nendment(s) was/were	sufficient for a	approval		
by				,,,		
(voting grou	ip)				
The amendment(s) was/were adopted by t action was not required.	he board of	directors v	vithout shareho	older action and sh	areholder	
The amendment(s) was/were adopted by to action was not required.	he incorpora	ators witho	ut shareholder	action and shareh	older	
Dated 10 14 20) 4				·	
Signature Aa	Cosideral or o	ather office	r if directors	or officers have n	at haon	-
selected, by an in	ncorporator	– if in the		eiver, trustee, or of		
appointed fiduci	ary by that t	fiduciary)				
Cha	allos_	Swed or ni	bdo med name of r	person signing)		
. VE)	yped or pri	inca name or p			
		/Title	of person sign	ning)		-