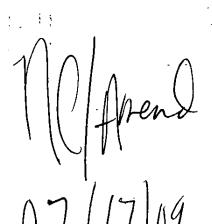
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COVER LETTER

TO Amendment Section

Division of Corporations NAME OF CORPORATION: 200158169502 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Manuel Gutierrez** Name of Contact Person Firm/ Company Address Orlando, Fl 32825 City/ State and Zip Code man_guti@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Manuel Gutierrez Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & **■\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UP	TRINC		
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	
2001	58169502		
(Document Numb	vn)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation	adopts the following
A. If amending name, enter the new name of t	the corporation:		
UTR E	nterprises Inc		The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp," "Inc,	" or "Co". A profession	
B. Enter new principal office address, if appli	cable:		
(Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or renew registered agent and/or the new registered.	gistered office address in	Florida, enter the name	TILED MO: "-
Name of New Poolstoned Agent:	* 45°		
Name of New Registered Agent:		·····	
New Registered Office Address:	(Florida street ac	,	
	(City)	, Florida (Zip Code)	
	(Cily)	(Zip Code)	
New Registered Agent's Signature, if changing			
I hereby accept the appoi <mark>ntment as r</mark> egistered ag	ent. I am familiar with ar	nd accept the obligations	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Angela M. Wilhite	2644 Cabernet Cir. Occoe. Fl 34761	
	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
provisi	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	, reclassification, or cancellation of nt if not contained in the amendmen	issued shares, nt itself:

The date of each amendmen	t(s) adoption: 07/07/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	KD 1 (.1-11)
	Manuel Gutierrez
	(Typed or printed name of person signing)
	President
	(Title of person signing)