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(Business Entity Name) (Document Number)	NA (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
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*35**.**00

COVER LETTER

TO: Amendment Section Division of Corporations IMBERLY 090000 59075 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OGOS YATATAC Address-City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person at (964) 191 8008

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 enclosed) 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

Articles of Incorporation

•	Articles of Amendment to Articles of Incorporation of	FILED
	KIMBERLY LEARY P.A.	SECRETARY AM 10: 49
	(Name of Corporation as currently filed with the Florida Dept. of State)	THE LAHASSEE, FLORIDA
	(Document Number of Corporation (if known)	<u> </u>

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

name must be distinguishable and contain t	LEARY	tion " "compa	ny " or "incorne	The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp,	" "Inc," or "C	o". A profession	nal corporation
B. Enter new principal office address, if apply Principal office address <u>MUST BE A STREE</u>		- <u>-</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>				
	_			
D. If amending the registered agent and/or r new registered agent and/or the new regis			i, enter the name	of the
			, enter the name	of the
new registered agent and/or the new regis	stered office addres			
new registered agent and/or the new regis	stered office addres	<u>s:</u>	, enter the name	
Name of New Registered Agent:	(Florida :	s: street address)	, Florida (Zip Code)	

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>	<u>Address</u>	Type of Action
			Add Remove
			☐ Add ☐ Remove
	ling or adding additional Artic dditional sheets, if necessary).		
<u>provisi</u>		ange, reclassification, or cancella dment if not contained in the am	

The date of each amendment(s) a	doption: August 18. 2009
Effective date if applicable:	doption: August 18 2009 (date of adoption is required) August 2009
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient 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	ing group)
(vot	ing group)
action was not required.	lopted by the board of directors without shareholder action and shareholder
action was not required.	
Dated_ ≭	8 24 09
SignatureX	Gulf by
(By a di	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	KIMBERLY LEARY
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)