## P09000063237

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SECRETARY OF STATE
UNVISION OF CORPORATIONS

14 HIM 17 PM 3: 57

C. LEWIS

JUL 1 2014

EXAMMER

## **COVÉR LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Optimum Spring Solutions, Inc.					
DOCUMENT NUMBER: P09000063237					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Andrea De Palma					
	Name of Contact Person				
Optimum Spring	Solutions, Inc.				
	Firm/ Company				
150 Hilden Rd Suite 316					
	Address				
Ponte Vedra, FL	32081				
	City/ State and Zip Code				
operations@optimus	menring com				
operations@optimul	used for future annual report notification)				
E-fight address. (to be t	ascu for future annual report notification;				
For further information concerning this matter, plea	ase call:				
Andrea De Palma	at (904 ) 567-5999				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$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	Street Address				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



to

Optimum Spring Solutions, Inc.	rida Dent of State) 14 JUN 17 PM 3: 57
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P0900063237	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Optimum Spring Manufacturing, Inc.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent  N/A	s in Florida, enter the name of the
(Florida street	
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and 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)

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 <math>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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	N/A		
Add		·	
Remove			
2) Change	N/A		
Add			
Remove	N/A		
3) Change			
Add			
4) Change	N/A		
Add Remove			
5) Change	N/A		
Add			
Remove			
6) Change	N/A		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:				
	ach additional sheets, if necessary). (Be specific)			
N/A				
E If.	in amendment provides for an exchange, reclassification, or cancellation of issued shares,			
r. <u>u .</u> Di	ovisions for implementing the amendment if not contained in the amendment itself:			
	(if not applicable, indicate N/A)			
N/A				

The date of each amendment(s) adoption: 6/11/2014	THE STATE	, if other than the
date this document was signed.	DIVISION OF CORPORATIONS	
Effective date if applicable: (no more than 90 d	days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The nuby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot		
"The number of votes cast for the amendment(s) was/were s	sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors wi action was not required.  The amendment(s) was/were adopted by the incorporators without		
action was not required.	n shareholder action and shareholder	
Dated 6/12/2014  Signature		
(By a director, president or other officer	r – if directors or officers have not been nands of a receiver, trustee, or other court	_
Andrea De Palma		_
(Typed or prin	nted name of person signing)	_
President		_
(Title	of person signing)	

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