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(((H10000108895 3)))



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Division of Corporations

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From:

Account Name

: CRICHTON MULLINGS & ASSOCIATES PA

Account Number : I20070000038

Phone

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Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TUFFNELL II, INC.

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COVER LETTER

▼TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	Tuffnell II, Inc.			
DOCUMENT NU	MBER:	P09000065897			
The enclosed Artic	les of Amendment and fee an	e submitted for filing.			
Please return all co	rrespondence concerning this	matter to the following:			
	Rohan Crichton				
	Na	me of Contact Person			
	Firm/ Company				
	3350 SW 148th Ave., Suite 203				
	Address				
	admin-us@o	ry/ State and Zip Code crichtonmullings.com I for future annual report notification)			
For further inform	ation concerning this matter,	pl c ase call:			
		at (954)86			
Name	of Contact Person	Area Code & Daytime Tel	ephone Number		
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	tment of State:		
[7] \$35 Piling Fee .	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filling Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section f Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	a		
Tallahassee, FL 32314		Tallahassee, FL 32301	IC		





May 6, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TUFFNELL II, INC. 3350 SW 148TH AVE SUITE 203 MIRAMAR, FL 33027

SUBJECT: TUFFNELL II, INC.

REF: P09000065897

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H10000108895 Letter Number: 910A00011362

Articles of Amendment to Articles of Incorporation of

	Tuffnell II, Inc.
(Name of C	orporation as currently filed with the Florida Dept. of State
	P09000065897
	(Document Number of Corporation (if known)

tursuant to the provisions of section 607.1000 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fa	Florida Profit Corporation adopts the f	íollo
L <u>If smending name, enter the new name of</u>	the corporation:		
ame must be distinguishable and contain	the word "corporation."	The no	
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professional corporati	
3. Enter new principal office address, if app Principal office address MUST BE A STREE			
N. m.d.,			
Enter new malling address, if applicable (Mailing address MAY BE A POST OFFI			
). If amending the registered agent and/or new registered agent and/or the new regis		in Florida, enter the name of the	
Name of New Registered Agent:	ereled office Modificati		
Tune of the Register an Aren.			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
<u>New Registered Agent's Signature, if changi</u>	ing Desigtaned Assets		

Signature of New Registered Agent, if changing

ECRETARY OF STATE

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
<u>VP</u>	Rohan Crichton	3350 SW 148th Ave Suite 203 Miramar FI 33027	☐ Add ☐ Remove
			=1 =
			Add Remove
E. If amen (attach a	ding or adding additional Articled distributional sheets, if necessary). (es, enter change(s) here: Ba specific)	
provis	mendment provides for an exchions for implementing the amendate not applicable, indicate N/A)	ange, reclassification, or cancellation distance if not contained in the amend	n of issued shares, iment itself:

Director

(Title of person signing)