## P09000082570

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	
(5.5). 5.5	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
·	
(Document Number)	
Certified Copies Certificates of Status	
<u> </u>	
Special Instructions to Filing Officer:	
	f
	l
	1
· · · · · · · · · · · · · · · · · · ·	

Office Use Only



400172009384

03/16/10--01019--008 \*\*35.00

TABLE AND STATE

Amend C.COULLIETTE

MAR 1 8 2010

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION:	Let's Party, Hear's How	, Inc.
DOCUMENT NUN	ИВЕR:	P09000082570	)
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
_		Robin L. Gillette	
	N	ame of Contact Person	
		Firm/ Company	
	938	Hammond Lake Dr.	
		Address	
_		untain, FL 32438 ity/ State and Zip Code	
	iamthe E-mail address: (to be use	pa@hotmail.com d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	obin L. Gillette of Contact Person	at ( <u>850</u> )  Area Code & Daytime 3	832.7324 Celephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Dep	artment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63	Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

Let's	Partv.	Hear's	How.	Inc.
	, ,		,	

the Florida Dept. of State) ion (if known)
ion (if known)
ion (if known)
tes, this Florida Profit Corporation adopts the
on:
The
poration," "company," or "incorporated" of orp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A."
938 Hammond Lake. Dr
Fountain, FL 32438
938 Hammond Lake, Dr.
Fountain, FL 32438
address in Florida, enter the name of the dress:
M1 4351
and the second of the second o
ida street address)
Florido
, Florida (Zip Code)
,
Agent: iliar with and accept the obligations of the po
mur with and accept the ootigations of the pos
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
	na		
	na		
	na		
	nding or adding additional Articles, additional sheets, if necessary). (Be		
<u>provi</u> (i)	amendment provides for an exchangions for implementing the amendment applicable, indicate N/A)	ze, reclassification, or cancel ent if not contained in the ar	lation of issued shares, nendment itself:
na			
<del></del>			

The date of each amendment(	s) adoption: February 20, 2010
	(date of adoption is required)  March 1, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	>>
1	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Marc	h 15, 2010
Signature	Bolo L. Hillette
(By -	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Robin L. Gillette
	(Typed or printed name of person signing)
	President
	(Title of person signing)