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(Requesto	r's Name)	
(Address)		
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(City/State	e/Zip/Phone #)	
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Amend & Mc

MAY 1 0 2013

T. BROWN

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Dec's Hunbing P 890000B The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Welton Bridge Red For further information concerning this matter, please call: 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 (Additional copy is

enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

#### Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

SECRETARY OF STATE DIVISION OF CORPORATIONS

## Articles of Amendment to Articles of Incorporation

13 MAY -6 PM 2: 29

of
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation;
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Augm D Siles
New Registered Office Address:  Red Boy Florida 32455  (Gity)  Red Cip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with 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 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	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P	_	Marian D Siler	4279 Walton Bridge Red Bay F1 32455
Add				Red Bay F1 32455
Remove				
2) Change	D	_	Adam D Siter	Red Boy F1 32455
Add				Red Bay F1 32455
Remove				
3 ) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>			
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Remove				
6) Change				
Add				
Remove				

f amending or Attach addition	al sheets, if	necessar	v). (Be	specific)						
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f an amendme	ent provides	s for an e	xchange	. reclassif	ication, o	r cance	llation of	issued sha	res.	
<u>provisions for</u>	implement	ing the a	mendme	nt if not	ontained	l in the	amendme	nt itself:		
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	f an amendme	f an amendment provides	f an amendment provides for an e	f an amendment provides for an exchange	f an amendment provides for an exchange, reclassif provisions for implementing the amendment if not	f an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	f an amendment provides for an exchange, reclassification, or cance provisions for implementing the amendment if not contained in the	f an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment	f an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	April 2	21	1905 1907 2013
Effective date if applicable:	April 2	7	2013
	(no more than 90 d	ays after	r amendment file date)
Adoption of Amendment(s) (CF	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The nu approval.	mber of	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/were s	ufficient	for approval
by	ting group)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vo	ting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors wi	thout sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without	t shareho	older action and shareholder
Dated April	30 2013		
Signature Maria	n D'Sile	ب.	
			ctors or officers have not been
	orporator - if in the na y by that fiduciary)	ands or a	a receiver, trustee, or other court
Mo	Irian D. Sil	er	
	(Typed or printed name	ne of pe	rson signing)
	Pres		
	(Title of person sig	المحنيب	