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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: The Salur	nes Group, Inc.			
DOCUMENT NUMBER: PO 90000 96662				
The enclosed Articles of Amendment and fee are submit	ted for filing.			
Please return all correspondence concerning this matter t	o the following:			
MICHAEC Name of Con	A, KLAM ntact Person			
The Splines				
17520 SW 73	CT.			
Palmetto Bay City/ State ar	FL 33157.			
E-mail address: (to be used for future	d Zip Code  John Com  annual report notification)			
For further information concerning this matter, please call: 305-775-6520.  MICHAEL A, KRAM at (305) 510-3285				
MICHAEL A, KRAM at (	305 510-3285  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:			
Certificate of Status Ce	3.75 Filing Fee & S52.50 Filing Fee critified Copy dditional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	et Address			
	Amendment Section Division of Corporations			
P.O. Box 6327 Clift	Clifton Building			
Tallahassee, FL 32314 2661	Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of Age Color
The Spelin	nes Group, Inc.
	currently filed with the Florida Dept. of State)
P09	00 00 96662
	Number of Corporation (if known)
rsuant to the provisions of section 607, endment(s) to its Articles of Incorporation	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the foon:
If amending name, enter the new nan	ne of the corporation:
	The nev
reviation "Corp.," "Inc.," or Co.," or	ain the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A."
Enter new principal office address, if	
incipal office address <u>MUST BE A STI</u>	REET ADDRESS)
Enter new mailing address, if annies	ahle:
Enter new mailing address, if applications (Mailing address MAY BE A POST O	
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:  New Registered Öffice Address:	/or registered office address in Florida, enter the name of the registered office address:
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:  New Registered Öffice Address:	/or registered office address in Florida, enter the name of the registered office address:  MICHAEL A. KRAM  17520 SW13 CT  (Florida street address)
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:  New Registered Öffice Address:	/or registered office address in Florida, enter the name of the registered office address:
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:
(Mailing address MAY BE A POST O	/or registered office address in Florida, enter the name of the registered office address:

Page 1 of 3

## 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
Pres.	MICHAEL	^	173 €7 D Add Remove
VP	MICHAEC KRAI	<u> РАІМЕТТО І</u> Ш 17520 SW	33/57 73/57 D-Add
_		Palmetto 1	Remove
res	5. Alligon Somi	METS 17520 SW	73 Add Remove
E. <u>If amen</u>	AllISM SOMM	Articles, enter change(s) here:	above remov
(attach a	dditional sheets, if necessary	). (Be specific)	
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1			
	<u>-</u>		
<u>provisi</u>	mendment provides for an eons for implementing the a not applicable, indicate N/A)	exchange, reclassification, or cano mendment if not contained in the	cellation of issued shares, amendment itself:
<del></del>			,
			-
	•• • • • •		

The date of each amendment	(s) adoption: 7/5/1/
Effective date if applicable:	_ (last of doption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval:
The amendment(s) was/wer	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	
•	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated	7/5/11
Signature	
selec	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 pinted fiduciary by that fiduciary)
sum (e.e. ) e e e e e e e e e e	
	SUSAN Allison Sommers
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name of person signing)
17	
	(Title of person signing)

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