PIDDOODDAIUI

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600201220026

04/14/11--01014--003 **35.00

11 APR 14 PH 1: 28

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amund (115/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	Tommy Freeman, In	С.	
DOCUMENT NU	J MBER:	P10000009161		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
		Tommy Freeman	1	
	•	Name of Contact Person		
Firm/ Company			<u></u>	
617 Ft. Florida Point Road				
Address				
		DeBary, FL 32713		
City/ State and Zip Code				
	reynolo E-mail address: (to be use	ds.m@gmail.com d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
	Mary Reynolds	at (386) 7	75-4277	
Name	of Contact Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check	k for the following amount m	nade payable to the Florida Depar	rtment of State:	
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 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		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circ	ما	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ently filed with the Florida	Dept. of State)
000009161	
ber of Corporation (if know	vn)
6, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the f
f the corporation:	
the word "corporation," designation "Corp," "Inc, fessional association," or t	The new company," or "incorporated" or in the company," or "incorporated" or in the company of t
licable: T ADDRESS)	
: CE BOX)	
egistered office address in stered office address:	Florida, enter the name of the
	,
(Florida street ac	idress)
	et it
	, Florida
	the corporation: The word "corporation," designation "Corp," "Inc, fessional association," or to licable: TADDRESS)

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>	Address	Type of Action
<u> </u>	Tommy Freeman	617 Ft. Florida Point Rd DeBary, FL 32713	☑ Add □ Remove
			[^m] n
	ling or adding additional Articles, en Iditional sheets, if necessary). (Be s _i		
		·	
provisio	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: March 23, 2011
Effective date if applicable:	March 32, 2011
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Marc	ch 23, 2011 //www // //
(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 ointed fiduciary by that fiduciary)
	Tommy Freeman
	(Typed or printed name of person signing)
	President
	(Title of person signing)