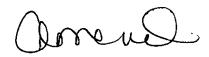
P10000028474

Office Use Only



400174732614



04/22/10--01005--016 **35.00

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILIN RECEIVED

OFFARTHENT OF STATE

OIVISION OF CORPORATIONS

TILED

OAPR 22 MIN: IL

OARR 22 MIN: IL

COVER LETTER

TO: Amendment Division of C			
NAME OF COR	PORATION: Guardia	n Lawrence and Mai	interence INC.
DOCUMENT NU	JMBER:P100	00028474	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
	Marco	LLOUETA ame of Contact Person	<u></u>
		Firm/ Company	
	2655 W	Tennessee St Address	
	Tallahasse	ity/ State and Zip Code	4
	,	Care tallough	<u>so. C</u> onc
For further information	ation concerning this matter,	please call:	
Name	of Contact Person	at () Area Code & Daytime Tel	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	iment 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 Address

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

Street Address

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

Articles of Amendment

to

Articles of Incorporation

αf

FILED

(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	LOVING CYATE
(Name of Corporation as curred) P 100000 2847	4	TALLAHA	SSEE FLORIDA
	nber of Corporation (if kno		
rsuant to the provisions of section 607.1000 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corpoi	cation adopts the following
If amending name, enter the new name of	f the corporation:		
			The new
ne must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A proj	fessional corporation
Enter new principal office address, if app			
incipal office address <u>MUST BE A STREE</u>	T ADDRESS)		
			
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>CE BOX</u>)	n Florida, enter the	name of the
	registered office address i	n Florida, enter the	name of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent.)	registered office address i	n Florida, enter the	name of the
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or r	registered office address i	n Florida, enter the	name of the
If amending the registered agent and/or r new registered agent and/or the new registered Agent:	registered office address i		name of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent.)	registered office address i	nddress)	
If amending the registered agent and/or r new registered agent and/or the new registered Agent:	registered office address instered office address:	address), Flo	rida
If amending the registered agent and/or r new registered agent and/or the new registered Agent:	registered office address i	nddress)	rida
If amending the registered agent and/or r new registered agent and/or the new registered Agent:	registered office address is stered office address: (Florida street address)	oddress) , Floi (Zip Code	rida

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>	Name	<u>Address</u>	Type of Action
V. Pres.	ALAN MORATO		Add
•		7447495 CTENNISER	Remove
		THI. FI. 72704	□ Add □ Remove
			L Remove
			Remove
F 16		4l (-) l	
	ing or adding additional Articles, enditional sheets, if necessary). (Be sp		
			
E If an am	endment provides for an exchange,	roclassification or caucallation s	of icenad charac
provisio	ns for implementing the amendment	if not contained in the amendm	ent itself:
(ij no	t applicable, indicate N/A)		
		The state of the s	
			.
			<u> </u>

The date of each amendment(s) a	adoption: 04-21-2010
• • •	(date of adoption is required)
Effective date if applicable:	more than 90 days after amendment file date)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were st	dopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement 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	,,,
(voi	ing group)
The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder
Dated 04-2	12-2010
selected,	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)
_/	Manco LloveRA (Typed or printed name of person signing)
	Presedent (Title of person signing)