P10000033815

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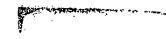


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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Avian Mana	agement Incorpo	orated			
	ER: P1000003381					
	of Amendment and fee are su					
Please return all corresp	condence concerning this ma	tter to the following:				
	Annalisa Marie W	/arner				
-		Name of Contact Persor	1			
,	Avian Manageme	ent Incorporated				
-		Firm/ Company				
	975 NW Flagler Avenue Unit 302					
-	_	Address	· · · · · · · · · · · · · · · · · · ·			
	Stuart, FL 34994		,			
		City/ State and Zip Code	<u>.</u>			
Δnn	alisaFSU@hotm	ail com				
		sed for future annual report	notification)			
	(,			
For further information	concerning this matter, pleas	se call:				
Annalisa Mar	ie Warner	at (850	, 528-6951			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ing Address		Address			
	ndment Section	Amendment Section Division of Corporations				
Division of Corporations P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Avian Management Inco	rporated			
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	<u> </u>	-
P10000033815				
(Documen	t Number of Corporation (if	known)		•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	lorida Profit Corporation a	dopts the followin	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			_
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corpor		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		975 NW Flagler	Avenue	
		Unit 302		-
		Stuart, FL 3499)4	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		975 NW Flagler Avenue		
		Unit 302		-
		Stuart, FL 3499)4	- _
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the na	me of the	
Name of New Registered Agent Annalisa Marie		Varner	_	
	975 NW Flagler Avenue Unit 302		·	
	(Florida stre	•	_	
New Registered Office Address:	Stuart	, Florida	34994	-
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Signature.			ns of the position.	

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	Ronald Eugene Warner II	975 NW Flagler Avenue Unit 302
Add			Stuart, FL 34994
Remove			
2) X Change	VP	Annalisa Marie Warner	975 NW Flagler Avenue Unit 302
Add			Stuart, FL 34994
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		-	
Add	1		
Remove		•	
6) Change			
Add			
Pamova			

and income circuit, if necessary).	(Be specific)
	
	
	·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption: July 1, 2013 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated July 10, 2013 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
Vice President (Title of person signing)	_