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SECRETARY OF STATE
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Amend News 1-22-10

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: RINDS	O INC	
DOCUMENT NUMBER: P100 000	47027	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this management of the second of the secon	atter to the following: Of Contact Person	
Anderson	CAS HOO , P. A	<u> </u>
1000 Buiche	Address Hess	<u></u>
City's	233(3) State and Zip Code	
DWILLSON CAS the Other E-mail address: (to be used for	Tho con- lituture annual report notification)	
For further information concerning this matter, please of Contact Person	1	
Enclosed is a check for the following amount made	e payable to the Florida Departr	ment of State:
\$35 Filing Fee \$\text{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 of

Ar	ticles of Amen	ument	1		
	to			*	
Artı	icles of Incorpo) ration	i :	,	FI,
Rin no	TNC			2010	LED
(Name of Corporation as currently	v filed with the l	Florida Dept. o	of State)	LUIU JU	1 22
P(000004	7027			TALLAHA	FILED 1 22 P 2: 2 ARY OF STATE SEE, FLORIDA
(Document Number	of Corporation (if known)		"'4ડ	SEE, F, STATE
uant to the provisions of section 607.1006, Findment(s) to its Articles of Incorporation:	lorida Statutes, t	this <i>Florida Pi</i>	rofit Corporatio	on adopts the	e following
f amending name, enter the new name of the	e corporation:		e 1		•
	ogas ir gas "		* **	The.	new .
Enter new principal office address, if applica	hle:				•
ncipal office address <u>MUST BE A STREET A</u>					•
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ncipal office address <u>MUST BE A STREET A</u> Enter new mailing address, if applicable: Mailing address <u>MAY BE A POST OFFICE</u>	DDRESS) — BOX —				
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE of a mending the registered agent and/or registered agent and/or registered agent and/or registered agent and/or the new registered agent.	BOX) stered office addres (Florida s	s: treet address)	, Florida (Zip Code)	.:	tion.

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)

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i Ifan am	endment provides for an exchang	e. reclassification.	or cancellation of i	ssued shares.
provision	ns for implementing the amendme			
(if no	t applicable, indicate N/A)			4
			\$ 77 mg (78 mg)	

The date of each amendment(s) adoption: 14 14 20 10
Effective date <u>if applicable</u> : _	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
•	ast for the amendment(s) was/were sufficient for approval
by	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	7/14/10
Signature	X/a/
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Rinettes Waginin
	(Typed or printed name of person signing)
	(Title of person signing)