## P10000058434

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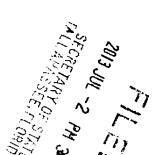
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Flynn Enter	prises Incorpora	ated
DOCUMENT NUMB	ER: P1000005843	4	
The enclosed Articles of	of Amendment and fee are suf	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Kathleen M Flynn	1	
-		Name of Contact Person	l
	4807 Sunset Cou	Firm/ Company rt Apt 701	
-		Address	
_	Cape Coral, FL 3		
		City/ State and Zip Code	•
para	adisepros1@aol.d		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Kathleen M F	lynn	<sub>at (</sub> 239	, 699-2733
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to

	to Articles of Inco	orporation	
F	lynn Ent	erorises Ir	icorporated
(Name of Corporation as	currently filed with the FI	orida Dept. of State)	'
(Documer	t Number of Corporation (if	Sylvania (Norman)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation add	pts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	Co". A professional corporat	ated" or the abbreviation
B. Enter new principal office address,		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST			
		-	
			<del></del>
D. If amending the registered agent an new registered agent and/or the new			e of the
Name of New Registered Agent	N/A	· 	
	(Florida stre	et address)	
New Registered Office Address:	(City)	, Florida	(7in Codo)
	(City)		(Zip Code)
None Designation of the 2000 at 1000	handa baran baran sa		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	<mark>nanging Registered Agent:</mark> ered agent. I am familiar w	ith and accept the obligations	of the position.



Signature of New Registered Agent, if changing

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 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Schaefer, Heinz	1032 SE 43rd St
Add			Cape Coral, FL 33904
X Remove			
2) Change	Ρ	Flynn, Kathleen M	4807 Sunset Ct
X	<del></del>		Apt 701
Remove			Cape Coral, FL 33904
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	(23 3) 25 (25)
14//	
_	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
•	
	The state of the s
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s)	adoption: May 31, 2013
	N/A
in apparation.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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)
action was not required.	adopted by the board of directors without shareholder action and shareholder
Signature (By selec	Authless M. Hums 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 binted fiduciary by that fiduciary)
	Kathleen M Flynn
	(Typed or printed name of person signing)
	President
	(Title of person signing)