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COVER LETTER

TO: Amendment Section **Division of Corporations** a Bros Enterprises Co. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & 1. ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

| | (Document Numb | er of Corporation | (if known) | | |
|--|--|--|---|---|--------------------|
| Pursuant to the provisions of amendment(s) to its Articles of | f section 607.1006, of Incorporation: | Florida Statutes. | this <i>Florida Pro</i> | fit Corporation ado | pts the followir |
| A. If amending name, enter | the new name of t | he corporation: | | | |
| | | | | | The new |
| name must be distinguishal abbreviation "Corp.," "Inc., name must contain the word | ole and contain th " or Co.," or the a "chartered," "profe | e word "corpordesignation "Corpords signation "Corpords signal association "Corpords signatures association associ | ation," "company o," "Inc," or "Co on," or the abbrev | o," or "incorporate "A professional c iation "P.A." | or the corporation |
| B. Enter new principal offic (Principal office address <u>MU</u> | ce address, if appli IST BE A STREET | <u>cable:</u> 'ADDRESS') | | <u>. </u> | MASSE JUL 27 |
| | · : | ·- | | <u>;</u> | JUL 27 AMII: 47 |
| C. Enter new mailing addr (Mailing address MAY B | | <u>E BOX</u>) | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> |
| D. If amending the register new registered agent and | | | | enter the name of t | <u>he</u> |
| Name of New Registe | red Agent: | | | | |
| New Registered Office | Address: | (Elorida | street address) | | |
| • | | (City) | | , Florida (Zip Code) | |
| New Registered Agent's Sig I hereby accept the appointme | | | | the obligations of th | e position. |
| | | | | | •. |
| | _ Sig | gnature of New Re | gistered 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)

| Title Name | | | Address | | | Type of Action |
|--|--|--|--|--|---|--|
| Title Name SECR Ravel | DeAvil | <u>a</u> Antune | 5 24 | 29 For | nax Dr | Add |
| | • | - · | UP CV | DO, FC | . <u> </u> | « Li Kemove |
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| | | | | | * | ☐ Remove |
| | | | | | | |
| E. If amending or adding ad | | | | <u>ere</u> : | | |
| (attach additional sheets, if | necessary). | (Be specific |). <u> </u> | * 1 | | * ! |
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| 5 F. If an amendment provid | es for an eve | hange rocla | ." ssification | or cancell | ation of iss | ned chares |
| provisions for implemen | ting:the amé | | | | | |
| -(if not applicable, indi | cate N/A) | | | | | |
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| | , | 12 | | <u> </u> | | • |
| The date of each amendment | | 20110 | | | | |
| Effective date if applicable: | | ate of adoption is | required) | : | • | |
| | (no more than 90 da | ys after amendme | nt file date) | • • | | |
| • | | | | | | |
| Adoption of Amendment(s) | (<u>CHÉC</u> I | CONE) | | | | ٠ |
| The amondment(s) | وماد مادينا لمساورة | | * | | | ١ |
| The amendment(s) was/we by the shareholders was/we | | | mber of votes | s cast for the a | menamenu(s _, |) |
| | • | | | | | |
| The amendment(s) was/we must be separately provide | | | | | | nt |
| | • • | • | | | milay. | |
| "The number of votes | cast for the amendmen | nt(s) was/were suf | ficient for ap | proval | | |
| , by | | | | | | |
| | (voting group) | | | r ; | | |
| ☐ The amendment(s) was/we | | | | | l shareholder | ţ. |
| action was not required. | | | | | | |
| The amendment(s) was/we | ro adopted by the inco | emagatage without | charabaldar | oation and cha | robolder | |
| action was not required. | · adopted by the med | aperators without | Shareholder | action and sna | icholder . | |
| | | : | | | | |
| Dated | 7/26/10 |) | . | | | |
| | 1 | | . ^ | • | | |
| Signature | 2 lisa | sen | Le | 1/9 | | |
| (By | a director, president of | | | | | |
| | cted, by an incorporat ointed fiduciary by the | | is of a receive | er, trustee, or c | ther court | |
| , , , | | , , | ٠. | | | |
| | EI | isabe+ | h.L | 10ns | | |
| | (Typed o | or printed name of | person signi | | - | |
| | | | | | | - |
| | Vice | Pres | <u>iden</u> | + + | <u> </u> | • |
| | (Title of-per | son signing) | | | | * |