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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

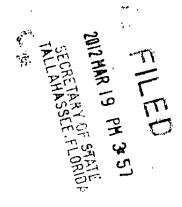
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03/19/12--01035--002 **35.00



ADR 3 /21/12

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Surcessible Grant Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudette Kichards at (5761) 212 - 4575

Name of Contact Person Area Code & Daytime Telephone Number 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 & □\$52.50 Filing Fcc Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

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

Street Address

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

·	Articles of Amendm	tion FILE	ED	
	to	TIME	٠ ٤٦	
•	Articles of Incorpora of	HAR 19	bH 32 21	
Juices wild	100	SBIS HWY	V OF STATE	į.
(Name of Corporation as currently fi		Dept. of State RETAS	SEE. FL. UMIL	<u>*</u>
		TALLAIN		
(Document Number of	Corporation (if known	n) '* '*'		-
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation ad	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
NIA				The new
name must be distinguishable and contain the worn "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A	ompany," or "incorpor A professional corporat	rated" or the d ion name must	 ibbreviation
B. Enter new principal office address, if applicable:		NIA		
(Principal office address MUST BE A STREET ADD				
•	 -			
		· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(Y)	NIA	-	
(including water cos inter the ATT ONE VITTOR DO	Ω/		· · · · · · · · · · · · · · · · · · ·	 -
		· · · · · · · · · · · · · · · · · · ·		_
D. If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter the nam	e of the	-
Name of New Registered Agent	N	A		
	(Florida street addr	ess)		
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent:	2	- Cal	
I hereby accept the appointment as registered agent.	ı am Jamıllar with and	i accepi ine obligations	oj tne position.	
Cionatina -CM	nu Pagistanad Ament is	Cohangina		
ವೀರಾಡರ್ಗ of Ne	ew Registered Agent, ij	cnanging		

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 Job	un Doe	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
i) Change Add Remove	VP	Michael S	Richardo 11336 Wiles for Coral Spinnop Fl 33076
2) Change Add Remove			
3) Change Add Remove	***************************************		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)		NIA	
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<u>, , , , , , , , , , , , , , , , , , , </u>				
 			<u> </u>	
				
an amendment provides for an exc	hanga radassifi	cation or can	celletion of issue	d shares
rovisions for implementing the am	endment if not c	ontained in th	e amendment its	elf:
(if not applicable, indicate N/A)				
		N	(A	
and the second				

The date of each amendment(s) adoption:	-12-
Effective date if applicable:	
(no more than	90 days after amendment file date)
•	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	ere sufficient for approval
by(voting group)	95
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators will action was not required.	thout shareholder action and shareholder
Dated3/14/12	
Signature Allo	ids
	icer - if directors or officers have not been
selected, by an incorporator — if in t appointed fiduciary by that fiduciary	he hands of a receiver, trustee, or other court
CIAUDETT	E RICHARDS
	name of person signing)
Pre	sident
(Title of perso	