P10000076995

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Amris

AD DEC 15 PM 2: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

. Roberts DEC 1/7,2010

COVER LETTER

TO:

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Taliahassee, FL 32314

Amendment Section Division of Corporations DOCUMENT NUMBER: 100000 76 995 The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount: S35.00 Filing Fee S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy S52.50 Filing Fee, Certificate of Status & Certified Copy

Street Address:

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to

Articles of Incorporation FILED ofNEW MEXICAL (Name of Corporation as currently filed with the Florida Dept. of State) 100000 76995 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

	ling the Officers and/or Directors, enter and title name, and address of each O		rector being
(Attach a	additional sheets, if necessary)		.,
Title	Name	Address	Type of Action
2_	William Sancitie	1069 Crowley Cir Longwood, FL 32779	Add Remove
T	William Sonctez	Sanz	☐ Add Remove
<u>P</u>	Lucina Guerrero	632 Boy d St Winter bardon FL 3478+	À Add -□ Remove
	additional sheets, if necessary). (Be spe		
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provisi	mendment provides for an exchange, reons for implementing the amendment in the applicable, indicate N/A)		
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The date of each amendment			
Effective date if applicable:	12-1-2010	doption is required)	
	(no more than 90 days after	amendment file date)	1
Adoption of Amendment(s)	(CHECK ONE)		
	re adopted by the shareholders re sufficient for approval.		for the amendment(s
	e approved by the shareholde If for each voting group entitle		
"The number of votes c	ast for the amendment(s) was	/were sufficient for approve	al
by	· · · · · · · · · · · · · · · · · · ·	31 	•
, ,	(voting group)		
action was not required. The amendment(s) was/were action was not required.	e adopted by the incorporators	s without shareholder action	n and shareholder
Dated 12 6	2010	·	
Signature	Que 1/2	· _ ·	;
select	director, president or other of ted, by an incorporator – if in nted fiduciary by that fiducia	the hands of a receiver, tru	ers have not been stee, or other court
	William con He	٤	•
	William Sanc He (Typed or printed	name of person signing)	
	^ 1		•
· · · · · · · · · · · · · · · · · · ·	President	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	(Title of person signing	ıg)	