P10000093540

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(Ad	dress)	
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APPLICATION OF THE PHONE OF THE PHONE

C. LEWIS
SEP 23 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	Apptitude Mot	oile, Inc				
P10000093540 DOCUMENT NUMBER:						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Robert Mullings					
	Keystone Augusta, Inc	Name of Contact Person	n			
	Firm/ Company 6000 METROWEST BLVD suite 208					
	ORLANDO, FL 32835	Address				
	,	City/ State and Zip Code	•			
robe	ert@keystoneaugusta.c	com				
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	For further information concerning this matter, please call:					
Robert Mullings		954	646-7008			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r 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)			
	ling Address ndment Section		Address ment Section			

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

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

Articles of Amendment to Articles of Incorporation of

FIL.ED

to

	s currently filed with the F	orida Dept. of State)	13 SEP T	6 PM 3:
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(Docume	nt Number of Corporation (it	fknown)	SECRETAI TALLAHAS	SEE. FLO
rsuant to the provisions of section 607 Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation	adopts the following	g amendme
If amending name, enter the new n	ame of the corporation:			
				_The new
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpo P.A."	ration name must o	bbreviation contain the
Enter new principal office address,	if annlicable:	6150 Metrowest Bl	vd suite 305	
rincipal office address <u>MUST BE A S</u>		Orlando, Fl, 32835		-
				-
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1250 sw 113 terr #	203	
(Muning dustess MAI BE A 1 051	OFFICE BOX	pembroke pines, fl	,33025	-
If amending the registered agent an	nd/or registered office addr	ess in Florida, enter the na	nme of the	
new registered agent and/or the ne	<u>w registered office address:</u> Robert Mullings	_		
Name of New Registered Agent			_	
•	1250 sw 113 terr #20	J3	_	
	(Florida stre	eet address)	33025	
	bening ove bines	, Florid		
New Registered Office Address:	(City)		(Zip Code)	•

•	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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One) 1) Change	EC	David Mullings	6000 METROWEST BLVE
X Add			ORLANDO, FL 32835
Remove	•		
	Р	Robert Mullings	6000 METROWEST BLVD
2) Change X Add	<u> </u>		ORLANDO, FL 32835
Remove			
X Change	CEO	Cory Conway	6000 METROWEST BLVD
Add			ORLANDO, FL 32835
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0		·	
6)Change			
Add			
Remove			

1.	(Be specific)
N/A	
1/14	
	,
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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	07/01/2013		
The date of each amendment(s) date this document was signed.	adoption:	FILED	_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days	after amendmen figure 6 PH 3: 02	}_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	SECRETARY OF STATE TALLAHASSEE, FLORII	E DA
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The numb sufficient for approval.	er of votes cast for the amendment(s)	
	pproved by the shareholders through vor each voting group entitled to vote se		
"The number of votes ca	st for the amendment(s) was/were suffi	cient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were a action was not required.	dopted by the board of directors withou	ut shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without sha	areholder action and shareholder	
09/13/2	2013		
Dated			
Signature	Mel lho		
(By a selec	director, president of other officer – if ted, by an incorporator – if in the hands inted fiduciary by that fiduciary)	directors or officers have not been s of a receiver, trustee, or other court	
	Robert Mullings		
	(Typed or printed	name of person signing)	
	President		
	(Title of p	erson signing)	