P11000001490

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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
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COVER LETTER

TO: Amendment Secti Division of Corpo	rations			
NAME OF CORPOR	ATION: 6/066/	Marketing Grove of Surrica, Inc		
DOCUMENT NUMB	1/ 1/ 0/ 1 0 1	001490		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
-	Clarence	Barfield		
·	•	Name of Contact Person		
-	· · · ·	Firm/ Company		
	119 Hope	Well Dr Address		
-	<u></u>	Address		
-	Ococe F.	City/ State and Zip Code		
	D 1111	•		
	Kartield 7	sed for future annual report notification)		
	L-man address. (to be d	see for gaute annual report notification)		
For further information	concerning this matter, pleas	se call:		
	Barfield	at (321) 297-3080		
Name o	f 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 & Certificate of Status enclosed)	Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed)		
	ng Address	Street Address		
	idment Section ion of Corporations	Amendment Section Division of Corporations		
P.O. 1	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle		
1 61161		. Tallahassee, FL 32301		

$\gamma \star \gamma'$
Articles of Amendment FILED
Articles of Incorporation of 2012 ten to a constant of the co
10/0/2 JAN 17 PM 3 58
(Name of Corporation as currently filed with the Florida Dept. of State) TARY OF STATE
IALLARASSEE FLODINA
P11000001490
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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) (Principal office address MUST BE A STREET ADDRESS)
(Principal office address MUST BE A STREET ADDRESS)
Cellet 1 -, 37 701
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:
Clarence Refild
Name of New Registered Agent (Grave & Griels
119 Hopewell Dr Close FL. 34761 (Florida street address)
New Registered Office Address: 119 Hopewell Dr Ocoer, Florida 39761
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with any accept the obligations of the position.
I nevery accept the appointment as respicted agent. I am juntatur with intracept the obligations of the position.
- Clandon Bank
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>	<u>Name</u>		Address
1) Change Add Remove	D,1,5,T, CEO.CF	c Rivie	Faison	P.D. BOX 1214 Ocose FL 34761
2) Change	et VP	Delier	. Thurston	10. Box 1214 Ococe FL 34761
Change Add Remove	PTDS.C	Eo <u>Clararce</u>	Barfield	119 Hopewell Dr Ocope FL 3476
4) Change Add Remove				
Change Add Remove				
6) Change Add Remove	*			

If amending or adding additional Artication (attach additional sheets, if necessary).	
	
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	The state of the s
	nange, reclassification, or cancellation of issued shares. Industrial not contained in the amendment itself:
(if not applicable, indicate N/A)	
larence Bartiald	presently controls/own 100
Lat at said car	rporation 6/obal Marketing
TOCK OF SAIR CO.	- (1000) May RE-129
roup of America	, Inc.

• • •	
The date of each amendment(s) adoption:	0/107/12
Effective date if applicable: 01/0	7/12
meetive date in applicable.	(no more than 90 days after amendment file date)
1 4 64 1 (6)	CHECK ONE
doption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
//	mendment(s) was/were sufficient for approval
by Livie t.	(voting group)
	voting group)
The amendment(s) was/were adopted by t action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder
Dated 0/67/	12.
Signature	- mu
	resident or other officer - if directors or officers have not been
	ncorporator – if in the hands of a receiver, trustee, or other court lary by that fiduciary)
appointed reduct	Rine F. Faison
	(Typed or printed name of person signing)
	President
	(Title of person signing)