P11000000499/

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SECRETARY OF STATE
ANASSEE, FLORIDA

Amend
Brown 6-7-11

COVER LETTER

TO: Amendment Section
Division of Corporations

P1100004991 The are submitted for filing. The are submitted
Judith Turner Name of Contact Person E-SURE ENTERPRISES, INC.
Judith Turner Name of Contact Person E-SURE ENTERPRISES, INC.
Name of Contact Person E-SURE ENTERPRISES, INC.
E-SURE ENTERPRISES, INC.
Firm/ Company
3601 4th St N Suite 300
Address
St. Petersburg, FI 33702
City/ State and Zip Code
nsesure@gmail.com used for future annual report notification)
ter, please call:
at (727) 577-9840
Area Code & Daytime Telephone Number
nt made payable to the Florida Department of State:
S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclose
Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

TALLAHASSEE FISTALE LICENSE-SURE ENTERPRISES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000004991

(Document Number of Corporation (if known)

(Document rain	ou or corporation (if know	····)	A
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation adop	ots the foll
A. If amending name, enter the new name of	the corporation:		
			_The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "prof	designation "Ĉorp," "Inc,	" or "Co". A professional co	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET			
		<u> </u>	
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	EE BOX)		_
			_
			•
D. If amending the registered agent and/or renew registered agent and/or the new registered.		Florida, enter the name of the	<u>ıe</u>
Name of New Registered Agent:			
			•
New Registered Office Address:	(Florida street ad	ldress)	
-		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		nd accept the obligations of the	nosition
increog accept the appointment as registered ag	om. Tamjummu wiit ur	a accept the obligations of the	розиюн.
	gnature of New Registered	Agent, if changing	

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	William Morris	304 Private Road 3404 Big Sandy, TX 75755	
<u>S</u>	Stephanie Lazanowski	540 Carillon Pkwy Apt #3098 St. Petersburg Fl. 33716	
<u>s</u>	Chainda Meas	1758 31st Ave North St. Petersburg, FL 33713	
	ding or adding additional Articles, et dditional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, ons for implementing the amendmen out applicable, indicate N/A)		
N/A			

•	5/00/
The date of each amendmen	
Effective date if applicable:	(date of adoption is required)
Enecuve date <u>it applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
sele	
	(Typed or printed name of person signing)
	Presudent
	(Title of person signing)