# P110000006694

(Re	equestor's Name)	
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(Cr	ty/State/Zip/Phon	e#)
PICK-UP	MAIT	MAIL
LI FICIC-OF	<b>V</b> AII	L WINE
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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MII JAN 26 PM 2: 29 SECRETARY OF STATE

Amend

B 1-28-11

#### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORE	ORATION: GAF	RY L. AUSTIN FAMILY ENTERPRISES, INC.
DOCUMENT NU	MBER:	P11000006694
The enclosed Artic	les of Amendment and	fee are submitted for filing.
Please return all co	rrespondence concerni	ng this matter to the following:
	,	GARY L. AUSTIN
		Name of Contact Person
-		Firm/ Company
2202 TWINWOOD TRACE		
		Address
		SANFORD, FL 32771 City/ State and Zip Code
-	lau E-mail address: (to	stin5211@yahoo.com be used for future annual report notification)
For further informa	tion concerning this m	atter, please call:
	ARY L. AUSTIN of Contact Person	at ( 407 ) 790-1835  Area Code & Daytime Telephone Number
Enclosed is a check	for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

of

2011 JAN 26 PM 2:29

#### GARY L. AUSTIN FAMILY ENTERPRISES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P11000006694

(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:

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the and contain the word "chartered," "professions"	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		<del>//4</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		<u>/</u> A
D. <u>If amending the registered agent and/or re</u> new registered agent and/or the new regist		Florida, enter the name of the
Name of New Registered Agent:	N/A	<del></del>
New Registered Office Address:	(Florida street a	ddress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing		nd accept the obligations of the position.

## 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
<u>VP</u>	LESLIE A. AUSTIN	2202 TWINWOOD TRACE SANFORD, FL 32771	
		· 	
(attach ad ARTICLE I	ing or adding additional Articles, editional sheets, if necessary). (Be solve, NUMBER OF SHARES ARI	specific) E TWO (2)	<del></del>
	· · · · · · · · · · · · · · · · · · ·		
provisio		, reclassification, or cancellation of nt if not contained in the amendmen	
IN/A			

The date of each amendment(s) adoption: 1/21/2011		
Effective date <u>if applicable</u> :	1/21/2011	(date of adoption is required)
. —	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(CI	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amer	ndment(s) was/were sufficient for approval
by		,,
•	(voting group)	
action was not required.		e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder
sel	y a director presidented, by an incor	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		GARY L. AUSTIN
	(Ту	rped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)