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COVER LETTER

TO: Amendment Section

Division of Corpo	orations		
NAME OF CORPOR	AATION: SMU	bast Miner	yty Services, INC
DOCUMENT NUMB	BER: P/1000	024618	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Linda	P. Hman Name of Contact Person))
	P.O. Bo	Firm/Company	ł .
	Rock	Address City State and Zip Code	32956
·	Space coasts E-mail address: (to be us	TVS@ Mail sed for future and ual report	1. Com
For further information	concerning this matter, pleas	se call:	
Linda ,	P. Amar	at (32/	243-8454
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
	ing Address		Address ment Section
	ndment Section ion of Corporations		n of Corporations
P.O.	Box 6327	Clifton	Building
Talla	hassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Of Ce Caast Minority Services, Inc.

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

(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:

The must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Ord "chartered," "professional association," or	Corp," "Inc," or "Co". A pro	ny," or "incorpor	
Enter new principal office address, if applic			· •
incipal office address <u>Prost BE A STREET</u>	ADDRESS)		
			TE S
·	-	*	马 -
Enter new mailing address, if applicable:			F. 28
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>		
			, 16. 1
			%
			2: 2
If amending the registered agent and/or reg	ristered office address in Flori	ids, enter the name	2: 2: 2: 00 the
If amending the registered agent and/or reg new registered agent and/or the new registered		ida, enter the name	of the 3
new registered agent and/or the new register		ida, enter the name	of the 3
		ida, enter the name	of the 3
new registered agent and/or the new register		ida, enter the name	of the 3
Name of New Registered Agent	ered office address:		of the 3
new registered agent and/or the new register	ered office address:	ida, enter the name	of the 3
Name of New Registered Agent	(Florida street address) (City)		.

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:	, una sa	ny ommi, or us un riuu.	<i>j</i> 1	
X Change	<u>PT</u>	John Doe	ì	
X Remove	<u>v</u>	Mike Jones		\bigvee
X Add	<u>sv</u>	Sally Smith		^
Type of Action (Check One)	Title	Name	NY	Address
1) Change				
Add				
Remove			\	
2) Change			-	
Add				
Remove				
3) Change	·			
Add				
Remove				
4) Change				
Add	•			
Remove			,	
5) Change				
Add				
Remove				
	**			
6)Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
	,
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) add	option: 9-20-12
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder
DatedSignature	irda Pithnar
(By a dir selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
<u>.</u>	Linda PiHman (Typed or printed name of person signing)
_	(Typed or printed name of person signing)
_	President
	(Title of person signing)