# P1100003-1507

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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07/18/11--01008--013 \*\*35.00



Amend No Meuro 7-29-11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORE	PORATION:	BURN UP, INC.	<u> </u>
DOCUMENT NU	MBER:	P11000031507	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	errespondence concerning the	is matter to the following:	
		Chyance Davis	
	Ŋ	lame of Contact Person	
		SNC, Inc.	
		Firm/ Company	
		156 SW Nutley St	
		Address	
		Saint Lucie, FL 34953	
	C	ity/ State and Zip Code	
	sethan	dniki@gmail.com	
	E-mail address: (to be use	d for future annual report notification)	•
For further informa	ation concerning this matter,	please call:	
	Seth Perlmutter	at ( 772 )	359-2145
Name of Contact Person Area Code & Daytime Telephone Number		elephone Number	
Enclosed is a checl	k for the following amount n	nade 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2011

CHYANCE DAVIS - DAVIS SNC, INC. 3156 SW NUTLEY ST PORT SAINT LUCIE, FL 34953

SUBJECT: BURN UP, INC. Ref. Number: P11000031507

We have received your document for BURN UP, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000035862 - SNC, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00016991

11 JUL 27 AM 8: 01

#### Articles of Amendment to Articles of Incorporation of

FILED

	Burn up, Inc.		11 JUL 27 PM 4: 03
(Name of Corporation as co	urrently filed with	the Florida Dept. of S	tate) SECRETARY OF STAR
Р	11000031507	•	SECRETARY OF STATE JAGLAHASSEE FLORIDA
<del> </del>	Number of Corporat		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		tes, this <i>Florida Profi</i>	t Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation	on:	
SNC IN	The new		
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "C	Corp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Port Saint Lucie, FL 34953		3156 SW Nutley	St
		<u>FL 34953</u>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		3156 SW Nutley S	
D. If amending the registered agent and/o new registered agent and/or the new r			nter the name of the
Name of New Registered Agent:	<del></del>		
	3156 SW Nu	tley St.	
New Registered Office Address:	(Flor	ida street address)	
	Port Saint Lu	cie	, Florida_34953
(City)		(2	Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			e obligations of the position.
-	Signature of New	Registered Agent, if ch	 uanging

## 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) Type of Action Title Address Name Р Matthew A. Stevenson \_\_ 🛮 Add 1233 SW Alcantarra Blvd Chyance Davis 3156 SW Nutley St. Port Saint Lucie, FL 34953 Remove D Matthew A. Stevenson E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendmen	nt(s) adoption: July 5th, 2011	_
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendme vere sufficient for approval.	nt(s)
	ere approved by the shareholders through voting groups. The following state ded for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	27	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_07-0	05-2011	
Signature _	Aysto-	_
	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator — if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	iFi
	Matthew A Stevenson	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	