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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: S&R BRUS	S INC.		
DOCUMENT NUME	BER: P11000067769	9		
	of Amendment and fee are sub			
Please return all corres	spondence concerning this matt	ter to the following:		
	NIECIA DA SILVA	\		
		Name of Contact Person		
	BUSINESS PRO CONSULTING, INC.			
	4005 NEL ONTO	Firm/ Company		
•	1265 MELONTRE			
	Address			
	GOTHA, FL 3473	City/ State and Zip Code	<u> </u>	
		•	•	
PD	SN1995@YAHOC		- Alexadian	
	E-mail address: (to be use	ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
NIECIA DA SILVAat (239) 333-9400				
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	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)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to Articles of Incorporation of



S&R BRUSS INC.		
	thy filed with the Florida Dept. of State)	
P11000067769		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporat</i>	ion adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the	word "corporation," "company," or "in	The new acorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A professional co the abbreviation "P.A."	orporation name must contain the
B. Enter new principal office address, if application (Principal office address) MUST BE A STREET A	able:	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>		
D. If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida, enter the red office address:	e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages		rations of the position
accept the appearance as regimered age	janima ana accept the cong	and the position.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	WILLIAM SOUZA	3311 8TH ST
Add			SARASOTA, FL 34237
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			_
Add			
Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)				
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassifica endment if not cor	tion, or cance tained in the	ellation of issu amendment it	ed shares, self:	
			<u> </u>		
					

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated10-17-2013	
Signature Roll Bus	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ROBERT E BRUSS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_