## P11000079774

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600265951366

10/29/14--01013--004 \*\*35.80

14 OCT 29 PH 4: 31

SECRETARY OF STATE DIVISION OF CORPORATIONS

View. 14

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: eed Cars En (
Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

**Articles of Incorporation** 14 OCT 29 PM 4: 31 of

Cour Ca	irs Inc		
(Name of Corporation as currentl	y filed with the Florida De	ept. of State)	
P110000797			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida I</i>	Profit Corporation adopts the	following amendment(s)
4. If amending name, enter the new name of the	e corporation:		
			The second
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A	pany," or "incorporated" professional corporation nat	The new or the abbreviation me must contain the
B. Enter new principal office address, if applica	ıble:		
(Principal office address <u>MUST BE A STREET A</u>			<del></del>
			· · · ·
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )		
			<u> </u>
			<del></del>
D. If amending the registered agent and/or regis	stered office address in Flo	orida, enter the name of the	
new registered agent and/or the new register	ed office address:	·	'
Name of New Registered Agent			
		<del></del>	
	(Florida street addres:	<u> </u>	
		,	
New Registered Office Address:	(City)	, Florida	Code)
	. */	( <i>p</i> -	,
New Registered Agent's Signature, if changing F	Registered Agent:		
hereby accept the appointment as registered agen	t. I am familiar with and a	eccept the obligations of the p	osition.
Signature of	New Registered Agent, if c	hanging	

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	R Gardner	5981 funston stb 1 hollywood FC 33023
Add			hollywood FC 33023
Remove			
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			<del>_</del>
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			:
Add			
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)		•	
***************************************					
			· ·		•
· · ·				•	
				<del> </del>	
··· · · ·			***************************************		
	<del></del>	· · · · · · · · · · · · · · · · · · ·			
			<del></del>		
lf an amendment	provides for an exch	ange, reclassification	on, or cancellation	of issued shares.	
provisions for im	plementing the amer	idment if not conta	ined in the amend	ment itself:	
(if not applied	able, indicate N/A)				
	_				
				<u> </u>	
<del></del>					

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

\_\_\_\_, if other than the

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	14 OCT 29 PM 4: 31	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
. "The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	10-74-14	
Signature	18/a	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
аррон	nted fiduciary by that fiduciary)	
'	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Ceo	
•	(Title of person signing)	