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T. BROWN

Division of Corporations	%.
NAME OF CORPORATION:	oreer Capital Partners, Inc.
DOCUMENT NUMBER:	·
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	Name of Contact Person
	Green Straking Group, IN.
	8719 The Esplande #9
	Orlando FC 32836
	City/ State and Zip Code
E-mail address: (to be us	sed for future annual report notification.
For further information concerning this matter, pleas	se call:
Chefse Greer Bayer Name of Contact Person	at (321) 663-5777 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

,	Articles of Amendment	24.	Se-
•	to Articles of Incorporation	"/V	SIONETAFILE
	of	7.7	OF AVEO
Cocar 1	Cartal Partners	Tol	E8 25 18 50 5 14
(Name of Corporation as current	tly filed with the Florida Dept. of	State)	SECRETARY ED SION TARY OF STATE E8 25 PM 2: 65
THATH	1170		< 55
(Document Number	er of Corporation (if known)		
(Doddineni Hamo)	n or corporation (it known)		
arsuant to the provisions of section 607.1006, Floral Articles of Incorporation:	orida Statutes, this Florida Profit 6	Corporation adopts the fol	lowing amendment(s)
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord" chartered," "professional association," or	word "corporation," (company, Corp," "Inc," or "Co". A profes.	C. " or "incorporated" or sional corporation name	The new the abbreviation must contain the
Enter new principal office address, if applic	ahle:		
rincipal office address <u>MUST BE A STREET</u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		
If amending the registered agent and/or reg new registered agent and/or the new registe		enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Cod	de)
	B 1		
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age		the obligations of the nos	ition
	am jammar man ana accept	and confunction of the post	
	CM Park 14 CM		
Signature o	of New Registered Agent, if changi	nσ	

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's 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 Do	<u>e</u>	,	10.
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	N	/A
X Add	<u>sv</u>	Sally Sn		j.	I
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		_	
Add					
Remove					
2) Change		_		_	
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change				-	
Add					
Remove					
5) Change				_	
Add					
Remove					
6) Change				_	
Add					
Remove					

ach additional sheets, if necessary). (Be specific)	MI.
	40.
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,	
a amendment provides for an exchange, reclassif evisions for implementing the amendment if not o	contained in the amendment itself:
(if not applicable, indicate N/A)	
	- · · · · · · · · · · · · · · · · · · ·
	NX
	' '

he date of each amendment(s) ac	loption: 2 - 22 - 13
fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
loption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved 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 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 opted by the incorporators without shareholder action and shareholder
Dated	2-22-13
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Cherie Greer Brown
	(Typed or printed name of person signing)
	Principal / Duren
	(Title of person signing)