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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG 1 5 2012

T. CAULEY

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DISCOUNT - OUNS - N- 14 mmo + 100
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donia E. Liberti
Name of Contact Person
N/A
Firm/ Company
11980 S.W. 8 Street, #20
Address
City/ State and Zip Code
City/ State and Zip Code
9 mm babe @ bellsouth. NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonia. a 305 491- 7546
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

## Articles of Amendment to

Articles of Incorporation

12 AUG 13 PM 12: 05

of
Discount-GUNS-N- HIMMO, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
D120000110321
(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) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent Sonia E. Liberti
11980 S.W. 8 St
(Florida street address)
New Registered Office Address: MIAM Florida 33/84
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of 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:	e, and sany sman, sr as an Ada.	
X Change	PT John Doe	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
I) Change	D-PDS Liberti, T.R	11980 S.W & Street Sinte #20
Add		
X Remove	•	Miam, FL 33184
2) Change	P.D.S. Sonia E. Sperti	11980 S.W. 85treet
_X Add		Quite #20
Remove		Miami, O-L 33184
3) Change	- Continue of Allicenters	
Add		
Remove		
4) Change		
Add		· · · · · · · · · · · · · · · · · · ·
Remove		
5)Change		
Add		
Remove		
6) Change		
Add		
Remove		_

amending or adding addition ttach additional sheets, if necessity	ssary). (Be specific)	•		
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an amendment provides for	an exchange, reclass	ification, or cance	ellation of issued si	ares,
provisions for implementing (if not applicable, indicate	the amendment if no	t contained in the	amendment itself:	
<b>(3 ? ?</b> · · · · · · · · · ·-	,			
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The date of each amendment(s) ad	loption: 2-17-2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than yi) days after amenament file daile)
Adoption of Amendment(s)	(CHECK ONE)
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) efficient 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)
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	-17-2012
Signature	-17-2012 Conac9/
	lirector, 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 ted fiduciary by that fiduciary)
	Sonia E Liberti (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	P D 5
	(Title of person signing)