P12000021540

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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Amens/M extent dates 4-5-12



MAR 3 0 2012 T. ROBERTS

Division of Corporations CERTIFIED DEALER SERVICES, INC. P12000021540 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL J. BEAULIEU

Name of Contact Person CERTIFIED DEALER SERVICES INC Firm/ Company MAJORCA CLUB DR Address BOCA RATON, FL 33486.

City/ State and Zip Code MIKEB DCERDESO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

MIKE BEAULIEU

Name of Contact Person

TO: Amendment Section

at (803) 537-1021

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Tallahassee, FL 32314

Street-Address

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

Articles of Amendment to Articles of Incorporation



CERTIFIED DEALER	SERVICES, INC.
(Name of Corporation as currently filed with the Flori	da Dept. of State)
P1200002154	
(Document Number of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CERTIFIED DEALER SO	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A	'. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TASE CO.
- -	728 T
C. Enter new mailing address, if applicable:	ALLA MARIE O
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NITE
;	
:	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in F)orida, enter the name of the
Name of New Registered Agent NA	
(Florida street o	address)
New Registered Office Address:	, Florida
(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.
NIA	
Signature of New Registered Ager	nt, 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:	DT	Talan Dan	•				
X Change	<u>PT</u>	John Doe			••		
X Remove	<u>v</u>	Mike Jones		i. a t.			. •
X Add	<u>sv</u>	Sally Smith	: ?		31		
Type of Action (Check One)	<u>Title</u>	Name			Address		
Change Add Remove		CAMERO	N SHAL	\mathcal{L}	25606 LAND 34630	OAKS BII O LAKES,	/A FL
2) Change Add Remove	<u>"5</u>	CYNTHIA	ROACH	14. 15. 1 6. 1. <u>4.</u> 1. 1.	5196 V BOCA	MAJORCA RATION, FL	CĽUB D 33486
3) Change Add Remove		<u>.</u>					- - -
4) Change Add Remove		<u></u>		·			- - - -
5) Change Add Remove	· 	·		·			
6) Change Add Remove				. <u></u>			• -

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The date of each amendment(s) adoption:	3/21/20/2
Effective date if applicable:	4/5/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval .
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
((voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
action was not required.	the incorporators without shareholder action and shareholder
Dated3 2	12012 Lichal J. Branci
Signature	Jidrol J. Burlin.
(By a director, p selected, by an i appointed fiduci	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	MICHAEL J. BEAULIEU
2.3.2	(Typed or printed name of person signing) PRESIDENT Landing PRESIDENT
	(Title of person signing)