P12000032723

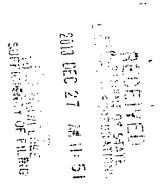
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200255013942

12/27/13--01005--022 **43.75



TO STATE



EFFECTIVE DATE

COVER LETTER

Division of Corporations MARATHON NAME OF CORPORATION: DOCUMENT NUMBER: P120000 32773 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address

OUTNCY Flont DA 3235 /

City/ State and Zip Code For further information concerning this matter, please call: at (407) 625 - 5196 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee \$43^{(.}75 Filing Fee'& □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)



Articles of Amendment to Articles of Incorporation

13 DEC 27 PM 12: 01

GUNCY BPINE	DESTRUCTOR OF STATE THE FORM FOR STATE THE FORM STATE THE F
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000032773	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Dulyer MagaThoal	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co" or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	502 WEST JEFFERSON STA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3700 CAPETAL CER SE #207 TALLAHASSEE, FL 32311
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent MENGERE T.	MEKONNEN
<u>3700 CAPITA</u> (Florida si	(CER. SE #207 reel address) TAILAHASSEE, HONDA 32311
New Registered Office Address: P.O. Box 1308	Zurucy, Florida 32353 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

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:	г, ини ыи	ny Sman,	эт из ин лии.			
X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	LE	<u> </u>	MENDERE	MEKONNEN	502 WEST JEffen Quency, HoneDA	SON STATE
Add Remove					Buency, HoneDA	3235/
2) Change		_				
Add Remove						
3) Change		_				
Add						
4) Change		· —			·	
Add Remove						
5) Change						
Add						
Remove						
6) Change		<u></u>	,			
Remove						

	ling additional Art			<u>re</u> :	
	heets, if necessary).				_
GAS	STATEON	AND	CONU	ENTENCE	STONE
Tole	LCO PROP	JUETS	anb	ENTENCE Spare of 1	-lon=14
	Co. C	10	7		
	16RY SA	18,			
		•			
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
					
					·
				· · · · · · · · · · · · · · · · · · ·	
		-		<u> </u>	·
					
				or cancellation of issue	
	plementing the amo ble, indicate N/A)	endment if r	<u>iot contained</u>	l in the amendment it	self:
(y nor apprica	•			~ /	
				Shanes	
	To	MENDE	ME T.	MEKONNE	·N
		, , , ,	· · · · · · · · · · · · · · · · · · ·		
				<u>.</u>	

The date of each amendment(s) adoption: date this document was signed.	DELEMBER 27, 1013	, if other than the
Effective date if applicable:	JAN, 1, 2014 (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the ame r approval.	ndment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the an	endment(s) was/were sufficient for approval	
by MENGERE MEK		
C	oting group)	
action was not required.	ne board of directors without shareholder action and sl	
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareh	ıolder
Dated 12-27	- 2013	
Signature	3	
	esident or other officer – if directors or officers have a acorporator – if in the hands of a receiver, trustee, or o	
	ry by that fiduciary)	
M	ENDERE T MEKONNEN (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	