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13 JUL 15 AM 9: 35
SECRETARY OF STATE
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C. LEWIS

JUL 1 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	*				
NAME OF CORPORATION: TOSE DOCUMENT NUMBER: P12000	DIFING L., INC:				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Scarle Inspiris 2704 Vo Clermo INFO DINS E-mail address: (to be a	Name of Contact Person NG J. TNC. Firm/ Company Address N + FL 34711 City/ State and Zip Code Oiring Udesigns. Compised for future annual report notification)				
For further information concerning this matter, please call:					
SCARIET VERES	at (954) 709-9570				
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				

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

Articles of Amendment FILED Articles of Incorporation 13 JUL 15 AM 9: 35 (Name of Corporation as currently filed with the Florida Dept. of State) (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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new 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

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: X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	Title		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			•	

	cles, enter change(s) here: (Be specific)		
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If an amandmant nuceidas faca =	ange, reclassification, or c	cancellation of issued share:	<u>5,</u>
If an amendment provides for an exch		i the amenument usen.	
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The data oftensh amanda	1/1/13	FILES
The date of each amendment(s) adoption date this document was signed.	on:	if other than the
date this document was signed.		13 1111 12
Effective date if applicable:		13 JUL 15 AM 9: 35
	(no more than 90 days after ame	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Adoption of Amendment(s)	(CHECK ONE)	- ONIUA
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of vote ent for approval.	s cast for the amendment(s)
The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting grou voting group entitled to vote separately o	ps. The following statement on the amendment(s):
"The number of votes cast for tl	ne amendment(s) was/were sufficient for a	pproval
by		,**
	(voting group)	
action was not required.	by the board of directors without shareho	
Dated	113	
Signature	Let Veres	
	or, president or other officer - if directors	
selected, by	an incorporator - if in the hands of a rece	iver, trustee, or other court
appointed fi	duciary by that fiduciary)	
	SCAR EL VERES (Typed or printed name of p	
	(Typed or printed name of p	erson signing)
	President	
-	(Title of person sign	ning)