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E L L L L 2012 JUL 25 PH 3: IL

AND 7/201/2

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LES FOUN	ITAINES INC	
DOCUMENT NUMBER: P1200004580)7	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
JEFFREY B FISH	<	
	Name of Contact Person	
LES FOUNTAINE	ES INC	
	Firm/ Company	
405 MAGNOLIA	AVENUE	
	Address	
MERRITT ISLAN	ID FL 32952	
	City/ State and Zip Code	;
jeffreyfisk@gmail.co	m	
	sed for future annual report	notification)
For further information concerning this matter, please		202 4275
JEFFREY B FISK	at (321	302-1275
Name of Contact Person ,	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



LES FOUNTAINES INC

2012 JUL 25 PM 3: 14

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000045807

) SECRETARY OF STATE TALLAHASSEE FLORIDA

(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:

orp.," "Inc.," or Co.," or the designation "or designation "or designation," or designation or designation, "or designation," or designation o	word "corporation," "comp Corp," "Inc," or "Co". A p r the abbreviation "P.A."	pany," or "incorpor professional corpor	orated" or the abation name must c
Enter new principal office address, if appli incipal office address <u>MUST BE A STREET</u>			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u> </u>		
		,	
If amending the registered agent and/or re	gistered office address in Flo	rida, enter the na	ne of the
If amending the registered agent and/or re	gistered office address in Flo ered office address:		ne of the
If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Flo ered office address:		me of the -
If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Flo ered office address:		-

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	ANGELA LINDSEY	1264 CROFTWOOD DR
Add			MELBOURNE, FL 32935
X Remove			
2) Change	S	SARA M HENDREN	475 RAMSEY LN
X Add			MERRITT ISLAND, FL 32952
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add	-		
Remove			
Kemove			

(At	amending or adding additional Artach additional sheets, if necessary)	. (Be specific)	and the state of t			
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. <u>If</u>	an amendment provides for an ex	change, reclassif	ication, or car	cellation of iss	ued shares,	
<u>p</u>	orovisions for implementing the an (if not applicable, indicate N/A)	endment if not c	ontained in the	<u>se amendment</u>	itself:	

The date of each amendment(s) adoption: 7/17/12
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated7/17/12
Signature Jeffrey B Fish
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
$\frac{\sqrt{effrey} B F_{1}sk}{\text{(Typed or printed name of person signing)}}$
(Typed or primed name of person signing)
President
(Title of person signing)