## lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN THE SMIL REVOLUTION, CORP

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August 16, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE SMIL REVOLUTION, CORP 5901 NW 151 STREET SUITE 112 MIAMI LAKES, FL 33014

SUBJECT: THE SMIL REVOLUTION, CORP

REF: P12000053825

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $(850)\ 245-6050$ .

Teresa Brown Regulatory Specialist II FAX Aud. #: E12000206255 Letter Number: 112A00021177

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P.O BOX 6327 - Tallahassee, Florida 32314

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## Articles of Amendment

to 22. US	
Articles of Incorporation	
THE SHIL RENOLUTION, CORP	17
(Name of Corporation as currently filed with the Florida Dept. of State)	G,
P120000 53825	7
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:	16 <b>_</b>
A. If amending name, enter the new name of the corporation:	
The chair Day Latery Dags	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation	
"Curp.," "Inc.," or Co.," or the designation "Carp," "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)	
Muding that the AT UST VITTLE BUN	
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	
(Florida street address)	
New Registered Office Address:, Florida	
(Σιγ (Διγ (Διγ (Διγ (Διγ (Διγ (Διγ (Διγ (Δ	
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	
Distincture of them westigned at Visual ill	

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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	v	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						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

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If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
	· .	
f an amendment provides for an exchi	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y not uppricuote, maicute (VA)		
<u> </u>		
<u> </u>		

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The date of each amendment(s) ado	option: 8/16/12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
The amendment(s) was/were appromust be separately provided for ea	eved by the shareholders through voting groups. The following statement such voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated 08	16/12
Signature 210	racia Franco
(By a dire	ctor, president or other officer - if directors or officers have not been
selected, t appointed	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	1 1100 000 500 100
	(Typed or printed name of person signing)
	President
<del></del>	(Title of person signing)

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