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(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
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Special Instructions to	Filing Officer:
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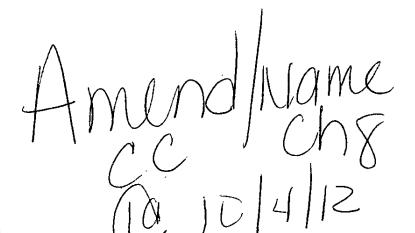
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# **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: L'OEIL	NU MAITRE	& MULTISERVICE
DOCUMENT NUMBI	_	20000753	_
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_	JEA	Name of Contact Person	
•		Firm/ Company	
_	2200	AMERICANA Address	Blud
-	ORLA	NDO FLORI	DA 32839
	TEANA 290 E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JEAN S	ANON LOUI.	at ( <b>40</b> 7 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
34-111	4 13		A d.d

### 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 of

L'OEIL DU MAITRE MULTI	SERVICES INC.
(Name of Corporation as currently filed with the Floric	da Dept. of State)
1 120000 75 371	
(Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</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:	& BILL PAY MENT, CO
L'DELL DU MAITRE MULTI SERVICES	& MARKEY TRANSFER & TO
L'OEIL DU MAITRE MULTI SERVICES 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: (Principal office address MUST BE A STREET ADDRESS)	
<del>-</del>	
<del></del>	· ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Making uturess MAT BE A FOST OF FICE BOX)	C
<u> </u>	
D. If amending the registered agent and/or registered office address i	in Florida, enter the name of the
new registered agent and/or the new registered office address;	5
Name of New Registered Agent	
(Florida street ad	ddress)
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 a	and accept the obligations of the position.
Charles AV. Barrell	of the same
Signature of New Registered Agent	i, ij 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	<u>PT</u>	John Do	<u>e</u>				
X Remove	<u>v</u>	Mike Jos	nes				,
X Add	<u>sv</u>	Sally Sn	nith				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change		_	JEAN	ROBEIZSOI	<u>v L</u> ouis	4444 S. Rio GRAND	e ave
Add Remove						Abt 308 F ORL, FL 32839	
2) Change	<del></del>	<del></del>	·				
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_		···-			
Add						<del></del>	
Remove							
5) Change		_			<del></del>		
Add		•					
Remove							
6) Change		<del></del>					
Add							
Remove							

The date of each amendment(s) adoption: 9-27-2012
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"
☐ 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.
Dated
Signature  (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)  (Typed or printed name of person signing)
(Title of person signing)