P12000081734

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400242304724

12/10/12--01005--011 **35.00

Amnd



IDEC 11 2012 T. ROBERTS

COVER LETTER

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Street Address Mailing Address**

TO: 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

to Articles of Incorporation

SECRETARY OF STATE
12:0EC 10 PH 3: 00

•	of	orporation	* DIVI	ECRETARY, OF STATE SION OF CORPORATIONS
FLEMENT TE	Erom	CORR	- 12	DEC 10 PM 3: 00
(Name of Corporation as current	ly filed with the F	lorida Dept. of S	tate)	10 PH 3: 00
(Document Numbe	r of Corporation (if	f known)		
ursuant to the provisions of section 607.1006, Flos Articles of Incorporation:	orida Statutes, this	Florida Profit Co	<i>orporation</i> add	opts the following amendmen
. If amending name, enter the new name of th	e corporation:			
•				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coord "chartered," "professional association," or	orp," "Inc," or "	Co". A professi		
B. Enter new principal office address, if application of the principal office address MUST BE A STREET A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
			·	
				
 If amending the registered agent and/or registered agent and/or the new register 			nter the nam	e of the
Name of New Registered Agent				
Name of their Registered Agent				
	(Florida str	eet address)		
New Registered Office Address:			, Florida	
	(City)		, , , , , , , , , , , , , , , , , ,	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agents	•		
hereby accept the appointment as registered ages			he 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 <math>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 us a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	•
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> C00</u>	John Ashton	86 LS Commodity Circle
Add			Suite 8
Remove			Orlando, FL 32819
2) Change	CTO	Nathan Kirk	8615 Commodity Circle
Add			Suite 8
Remove	_		Orlando, FL 32819
3) Change	<u>P</u> .	Nicholas Lopez	8615 Commodity Circle
X Add			suite 8
Remove			Orlando, FL 32119
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
		•	
6) Change	<u></u>		
Add			
Damova			

(Atta	ach addition	al sheets, if	necessary).	(Be specific	ange(s) here:			
						-	· · · · · · · · · · · · · · · · · · ·	· · ·
								,
							·	
-								
				·				
	-							
						=	· · · · -	
		······································					· · · · · · · · · · · · · · · · · · ·	
	•				· · · · ·			
pr	ovisions for	implemen	ting the ame	ndment if no	t contained in	the amendme	f issued shares, ent itself:	:
	(if not app	licable, ind	licate N/A)					
					<u></u>	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>							

fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
loption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/were adopted action was not required. Dated 7/12/2	ted by the incorporators without shareholder action and shareholder
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	DARRELL LÓPEZ
	(Typed or printed name of person signing)
_	(Title of person signing)